EXHIBIT 1

Assignment Offer

To: Mark Snookal

Contingent upon obtaining work/residence permit clearances where applicable and Company medical suitability for assignment where required by law (and/or related to your job and consistent with business necessity), you are offered the following assignment:

Job Title: EGTL Reliability Engineering Manager
Salary Grade: 22
Position Type: Career Ladder
Base Salary: No Change
Competitive Objective: No Change
Location: Escravos, Nigeria
Anticipated Assignment Start Date: July 1, 2019
Anticipated Length: 3-4 Years
Offer Type: Assignment Offer
Assignment Subtype: Resident greater than 24 months (Intl)
Host Organization: Africa / Latin America
SBU: Nigeria Mid-Africa
Function: Facilities Engineering
Sponsor: Vang, Bao - BAVU
Supervisor(s): OLUWASIJIBOMI OKEOWO
PDR(s): Omomehin, Andrew-AAOM
HRBP: NWAMAKA ANITA AJAYI

All details regarding your new expatriate work location and expatriate benefits will be provided to you directly from the position owner, or in some cases, through authorized HR contacts. In the interim, you can access the Expatriate Resources website to learn more about expatriate assignments. If you have specific questions regarding your expatriate assignment, please contact your Global Mobility Specialist/Expatriate Counselor. You can find your Global Mobility Specialist/Expatriate Counselor by searching the Counselor Finder which is also located on the Expatriate Resources website.

The attached details cover the compensation, relocation and other policies and programs that currently apply to this position and location (where applicable). Where applicable, it is important to complete specific pre-assignment requirements (e.g. medical, orientations, etc., see attached letter) of your assignment. If you fail to fulfill these requirements within the identified time frame, you will be deemed to have declined the job offer. Though the Company expects that your assignment will continue as described, special circumstances or a change in business conditions or policies and programs may result in a modification of the assignment or its duration, including elimination of the assignment (where applicable) at the sole discretion of the Company and/or Receiving Organization. Nothing in this Offer changes the “at-will” status of your

employment.

Please advise your HRBP (for domestic assignments) of your effective transfer date. For international assignments, please advise your Expatriate Assignee Counselor of your departure date (date you board the plane to start your assignment), since that becomes your actual assignment effective date and begins your over-base allowance and premium. I accept this assignment.

Signed: _____ Date: _____

Employee

I do not accept this assignment. I understand that the Company might not place me in another assignment and that I may be subject to termination of employment.

Signed: _____ Date: _____

Employee

The completed form should be emailed to the Sponsor Group at SPGRP@chevron.com within one week of receiving this offer. If we do not receive an acceptance within the deadline specified on this note, you will be deemed to have declined the job offer. Note: Any hand written changes will not be honored. Please contact your Sponsor to discuss corrections or revisions prior to signing.

Special Instructions (if you are US-payroll, please disregard the following sections):

For Non US-Payroll Employees Only:
U.S. Export Controls/Trade Sanctions Compliance: U.S. export controls and trade sanctions can restrict the Company's ability to share certain technologies with employees who are non U.S. nationals (i.e. those who are not U.S. citizens, those who are not permanent residents, and those who do not enjoy protected individual status such as refugees or asylees). If our understanding of your immigration status is incorrect, please let us know immediately.

If your employment is subject to U.S. export license and/or trade sanction authorization requirements, your employment may not commence until Chevron receives the required license and/or authorization from the U.S. government; obtains approval of your work visa; and receives Company medical suitability for assignment (where required). While Chevron has been successful in obtaining U.S. export licenses and/or trade sanctions authorizations in the past, Chevron cannot guarantee the issuance of an export license and/or trade sanction authorization request. Similarly, Chevron cannot make any guarantee as to the timing for the U.S. government's processing of the export license and/or trade authorization application. Chevron reserves the right to modify your employment location, duties and assignments, if such modification is required or necessitated by the terms of any U.S. export license and/or trade sanctions

authorization. Chevron also reserves the right to rescind this offer of employment if a required export license and/or trade sanction authorization is not granted.

For UK-Payroll Employees Only: Mobility Clause

The demands of the Company's business and organization make it necessary for its employees to be able to transfer from place to place. It is therefore a condition of your employment that:

(1) at any time during your employment with the Company you may be required, at the Company's absolute discretion, to transfer to any of the locations in the UK in which Chevron is from time to time located, either on a temporary or a permanent basis; and

(2) at any time when you are on temporary expatriate assignment outside the UK, and regardless of the originally agreed or intended length of that particular assignment, you may be required, at the Company's absolute discretion, either to repatriate to the UK or to transfer to any of the locations in which Chevron is from time to time located (which you accept and acknowledge may be another location outside the UK).

In either instance, you will be given reasonable notice of any such requirement and where a permanent transfer within, or a repatriation to, UK is required, the Company's relocation and other applicable policies may apply, as appropriate.

If I agree to the mobility clause, what will this mean for me in the future?

You will continue to be considered for positions both in your home country and on a global basis in accordance with Chevron's established policies and procedures and in line with your career aspirations, skills and experience.

Will the Company use this in future to transfer me to a hardship location?

This is not the driver for introducing such a clause. The business wishes to be able to place the right employees, into the right jobs, at the right time, regardless of where those jobs are located. In operating the mobility clause, the Company will always act reasonably and will take into consideration personal preferences where possible.

If I agree to the mobility clause, what would happen in the future if my mobility status changed and I was unwilling or unable (for example, for personal or health reasons) to move to a certain country?

If you advise the Company that you are no longer mobile, at the end of your existing assignment you will be repatriated to the UK and suitable alternative employment will be sought. If no suitable role is identified, you will be at risk of redundancy. If notice of redundancy is served, redundancy terms at that time will apply.

If I don't accept the mobility clause, what will happen to me?

If you do not wish to accept the mobility clause, the job offer will be withdrawn and you will be repatriated to the UK. You will enter a period of redeployment and a search for suitable alternative employment will be undertaken. If no suitable role is identified, you will be at risk of redundancy. If notice of redundancy is served, redundancy terms at that time will apply.

What if I am willing to agree to the clause but I don't agree with the wording of it? Can I make changes to the clause and still accept the offer?

No, no changes to the clause will be agreed by the Company and you will be deemed to have declined the offer unless you agree to the mobility clause as it is presented with

your offer.

EXHIBIT 2

Lab - All Orders and Results (continued)

Testing Performed By (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
240 - 956	SHERMAN WAY REGIONAL LABORATORY	Steven McLaren, DO	11668 Sherman Way NORTH HOLLYWOOD CA 91605	03/28/19 2317 - Present
1225 - 002	KFH, LAMC HOSPITAL LABORATORY	Hedyeh Shafi, MD	4867 Sunset Blvd. Los Angeles CA 90027	03/31/16 0248 - Present

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

amLODIPine (NORVASC) 10 mg Oral Tab (Taking)
Losartan (COZAAR) 100 mg Oral Tab (Taking/Discontinued)
Betamethasone Dipropionate Aug (DIPROLENE AF) 0.05 % Top Crea (Taking/Expired)

Medications Discontinued During This Encounter

	Reason for Discontinue
FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn	
amLODIPine (NORVASC) 10 mg Oral Tab	Continue Therapy

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
amLODIPine (NORVASC) 10 mg Oral Tab Sig: Take 1 tablet by mouth daily Class: Fill Later Route: Oral	100	1/5	4/19/2019	4/18/2021

Social Documentation as of 4/19/2019

No social documentation on file.

Patient Instructions

Return for Care: Return in about 1 year (around 4/19/2020).

Follow-up and Disposition

Return in about 1 year (around 4/19/2020).

Follow-up and Disposition History

04/19/2019 1626 - Shahid Hameed (M.D.) Khan, M.D.

Dispositions: Return in about 1 year (around 4/19/2020).

All Flowsheet Data (all recorded)

Encounter Vitals

Row Name	04/19/19 1553
Enc Vitals	
BP	126/59 -TC
Pulse	72 Patient has frequent PVCs which are not

All Flowsheet Data (all recorded) (continued)

Encounter Vitals (continued)

Row Name	04/19/19 1553
	counted by BP cuff [1] -SK
Wt (gms)	254 lb 3.1 oz (115.3 kg) -TC
Height	6' (1.829 m) -TC
Pain Score	0 (0-10) -TC

Custom Formula Data

Row Name	04/19/19 1553
Vitals	
Pct Wt Change	0 % -TC
OTHER	
Birth Weight	0 -TC
% Change from Birth Weight	1153029010.25 -TC
Weight change from previous (gm)	0 -TC
Ideal Body Weight (calculated)	73.86 -TC
BSA (Last Ht)	0 -TC
BSA (System Calculated)	2.42 -TC
Body Mass Index	28.24 -TC
Body Mass Index	34 -TC
BSA (Dubois)	2.357 -TC
Mean Arterial Pressure (MAP)	81 -TC

Audit Information

Ref #	Row Name	Time Taken	Time Recorded	Value	User
1	Pulse	04/19/19 1553	04/19/19 1634	72 Patient has frequent PVCs which are not counted by BP cuff	SK
1	Pulse	04/19/19 1553	04/19/19 1555	**(!) 40**	TC

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type	Discipline
TC	[redacted] (M.A.), M.A.	12/02/18 - 10/30/19	MEDICAL ASSISTANT	—
SK	[redacted] (M.D.), M.D.	12/02/18 - 12/07/19	Physician	—

KAISER PERMANENTE

1526 EDGEMONT MEDICAL OFFICES U
1526 N EDGEMONT ST
LOS ANGELES CA 90027-5260
SCAL HIM ROI AMB LMR

Snookal, Mark J
MRN: 000004554567, DOB: 4/13/1972, Sex: M
Visit date: 4/19/2019

Encounter-Level Documents - 04/19/2019:

AFTER VISIT SUMMARY

KAISER PERMANENTE

Mark J. Snookal MRN: 000004554567

4/19/2019 4:10 PM CARDIOLOGY

Instructions from [redacted] MD, M.D.

Return in about 1 year (around 4/19/2020).

What's Next

You currently have no upcoming appointments scheduled.

Medications

NEW Medications

amLODIPine (NORVASC) 10 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
amLODIPine (NORVASC) 10 mg Oral Tab **(Taking)**	Take 1 tablet by mouth daily
Losartan (COZAAR) 100 mg Oral Tab **(Taking)**	Take 1 tablet by mouth daily
Betamethasone Dipropionate Aug (DIPROLENE AF) 0.05 % Top Crea **(Taking)**	Apply to affected area(s) 2 times a day

New Orders

Normal Orders This Visit

- ALT [84460 CPT(R)]
- CBC NO DIFFERENTIAL [85027 CPT(R)]
- CREATININE [82565 CPT(R)]
- ELECTROLYTE PANEL (NA, K, CL, CO2) [80051 CPT(R)]
- HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036 CPT(R)]
- LIPID PANEL [250613 Custom]

Today's Visit

You saw [redacted] M.D. on Friday April 19, 2019. The [redacted]

Blood Pressure	126/59
BMI	34.47
Weight	254 lb 3.1 oz
Height	6'
Pulse	40

Mark J. Snookal (MRN: 000004554567) • Printed at 4/19/19 4:26 PM Page 1 of 2 Epic

This is confidential information. Do not throw away in a Kaiser Permanente trash can.

EXHIBIT 2-3 **SNOOKAL-00803**

Encounter-Level Documents - 04/19/2019: (continued)

New Orders (continued)

Normal Orders This Visit

REFERRAL CARDIOLOGY [200267 Custom]

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 4/19/2019 Reviewed On: 4/19/2019 By: [redacted] (M.A.), M.A.

No Known Allergies

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to http://www.everybodywalk.org. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Mark J. Snookal (MRN: 000004554567) • Printed at 4/19/19 4:26 PM Page 2 of 2 Epic
This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

Encounter-Level E-Signatures: (continued)

KAISER PERMANENTE

1526 EDGEMONT MEDICAL OFFICES U
1526 N EDGEMONT ST
LOS ANGELES CA 90027-5260
SCAL HIM ROI AMB LMR

Snookal, Mark J
MRN: 000004554567, DOB: 4/13/1972, Sex: M
Visit date: 4/19/2019

END OF ENCOUNTER

EXHIBIT 3

KAISER PERMANENTE

7/29/2019 MR#000004554567

Re: Mark J Snookal
2200 Maricopa Drive
Los Angeles CA 90065

Dear Sirs,

Mr. Snookal is under my care for his heart condition. It is safe for him to work in Nigeria with his heart condition. His condition is under good control and no special treatments are needed.

If you have any questions, please feel free to contact me at the number below.

Sincerely,

Electronically signed by,

S. KHAN MD
Attending Cardiologist, Division of Cardiology, SCPMG
Clinical Associate Professor, UCLA School of Medicine
Ph: 323-783-4585
7/29/2019
10:14 AM

EXHIBIT 4

Chevron

Expatriate Exam Recommendations GO-1769

Examiner: When completed, please forward to the Chevron regional medical manager office checked below:

- ☐ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA , USA 94583
- ☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622
- ☒ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA
- ☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583
- ☐ Other Chevron Medical Facility: _____

Part A –Examinee Information

For medical confidentiality, please complete one form per examinee. If the examinee is a dependent, please complete Part B below

Last Name	First Name	MI	CAI	Birth Date (mm/dd/yyyy)	☒ Male ☐ Female	Examinee ID
SNOOKAL	MARK		MVZM	04 - 13 – 1972		

Job Title	Operating Company	Current Work Location	Destination Location
IEA RELIABILITY TEAM LEAD		EL SEGUNDO, USA	ESCRAVOS, NIGERIA

Part B: Chevron Employee Information

If the examinee is a dependent, please complete this section with the Chevron employee information.

Last Name	First Name	CAI	Chevron Employee ID

Job Title	Operating Company	Current Work Location	Destination Location

Number of dependents in Host Location: _____

Part C – OpCo / Business Unit Contact – Human Resources, Sponsor (if applicable), other.

Name	Phone No.	Date (mm/dd/yyyy)

Contact Address	City	State/Province	Postal/Zip Code	Country

Part D – Examination - *The recommendation below is based on a review of the medical history and physical examination.*

Exam Type: INITIAL EXPAT EXAM (ROTATIONAL)

Date of Exam (mm/dd/yyyy): 07/24/2019 Exam Location: MEL DEL RAY

State/Province: CALIFORNIA Country: USA

Disposition

☒ ***Employee***

- ☐ FIT for Duty
- ☒ NOT FIT for Duty
  - Describe: REMOTE LOCATION. CAN BE CLEARED FOR ASSIGNMENT IN LAGOS
- ☐ FIT for Duty with Limitation(s) (list below and provide estimated duration of limitations)
  - Describe:
- ☐ Failed to comply with requested evaluations
  - Describe:
- Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

☐ ***Dependents***

- ☐ Cleared
- ☐ Not Cleared
  - Describe:
- ☐ Cleared with Limitation(s) (list below and provide estimated duration of limitations)
  - Describe:
- ☐ Failed to comply with requested evaluations
  - Describe:
- Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

Examiner Name (please print)	Signature	Date (mm/dd/yyyy)
DR. ASEKOMEH ESHIOFE		08/15/2019

Address	City	State/Province	Postal/Zip Code	Country
CHEVRON HOSPITAL	WARRI	DELTA		NIGERIA

EXHIBIT 5

From: Levy, Scott
Sent: 26 August 2019 00:51
To: Steven H. Khan <Steven.S.Khan@kp.org>
Cc: Mark Snookal <Mark@maygus.com>
Subject: Re: [**EXTERNAL**] Patient MS

Dr. Khan,

Thank you for the very quick response. I'm working with my team in Nigeria right now to discuss.

Scott

Sent from my iPad

On Aug 23, 2019, at 10:35 PM, Steven H. Khan <Steven.S.Khan@kp.org> wrote:

> Hi Dr. Levy,
> I received your voicemail about Mr. MS who is a Chevron employee and my patient here at Kaiser.
> I understand he is applying for a job in a rural or remote area of Nigeria and I understand the concern about his aortic aneurysm.
>
> I just spoke to Mr. MS and received his permission to email you back. I am also copying him on this email.
>
> Mr. MS's aneurysm is relatively small and considered low risk. His Thoracic aortic aneurysm size is 4.1-4.2 cm on his most recent CT scan.
> From the published studies, the risk of rupture or dissection is 2% per year for aneurysms between 4.0 and 4.5 cm (Ann Thor Surg 2002 Vol 73, pg 17-28, figure 3).
>
> Further, the average rate of growth of thoracic aortic aneurysms is 0.1%/year and Mr. MS's aneurysm has not changed between his CTs in May 2016, May 2017, and April 2019.
> Since Mr. Snookal's aneurysm has not shown any growth for 3 years, his risk may be lower than the published 2% number above which would be based on "average" growth rates.
>
> Finally, the studies of risk of rupture are fairly old (2002) and treatment has improved as has our understanding of aortic aneurysms.
> For example, animal studies have shown a significant benefit from use of Angiotensin Receptor Blockers (ARB) in preventing or even reversing aortic aneurysm growth and Mr MS
> Is on an ARB.
>
> In summary, Mr. MS's risk of serious complications related to his thoracic aortic aneurysm is low and likely less than 2% per year.
> The risk is primarily related to further enlargement of the aneurysm which can be tracked with an annual CT scan.
>
> If you have any further questions, please feel free to email me or call me.
>
> Best regards,
>
> S. Khan, MD
> Clinical Associate Professor, UCLA School of Medicine
> Heart Failure and Transplant Cardiology, Kaiser Permanente

EXHIBIT 6

From: Powers, Andrew <Andrew.Powers@chevron.com>
Sent: Friday, September 6, 2019 7:57 AM
To: Snookal, Mark
Cc: Tse, Thalia; Ruppert, Austin
Subject: RE: Rescinded Job Offer in Nigeria

Mark,

Thanks for your email and I hear your concerns.

I've reached out to the Medical Department and while I'm not privy to any medical information, I understand a thorough review was conducted and alternatives were explored. We would respectfully disagree that the determination was based on stereotyping or impermissible discrimination.

In terms of next steps, we will ensure you have a position in El Segundo. However, the PDC is also exploring alternative expat and domestic assignments and we should have more information on that soon.

Regards,

Andrew Powers
HR Manager, El Segundo Refinery
Andrew.Powers@chevron.com

From: Snookal, Mark <Mark.Snookal@chevron.com>
Sent: Wednesday, September 4, 2019 7:21 AM
To: Powers, Andrew C <Andrew.Powers@chevron.com>
Cc: Tse, Thalia <thaliatse@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>
Subject: Rescinded Job Offer in Nigeria

Andrew,

I am very disappointed in the decision by Chevron Medical to classify me as "unfit" for the Reliability Engineering Manager position at EGTL. I believe this decision was made based on a lack of understanding and stereotypical assumptions about my medical condition and is, therefore, discriminatory in nature. As my condition does not affect my ability to perform the job duties of that position, I require no ongoing care outside of annual monitoring, working in a remote location does not affect my condition, a complication from my condition would cause no harm to others, and I have no work restrictions from my physician this decision seems excessively paternalistic.

After the initial finding of "unfit," I appealed the decision, and Chevron Medical requested permission to contact the specialist who cares for me, and I agreed. That specialist sent an email to Chevron Medical, stating that my condition is stable and has been for three years and that the risk is "low." That same physician had earlier provided me with a letter stating that "it is safe for him [me] to work in Nigeria…His [my] condition is under good control, and no special treatment

CUSA000542

EXHIBIT 6-1

is needed." Which I provided to Chevron Medical before they made their initial determination of "unfit." Additionally, I passed all aspects of the regular examination, and the issue arises purely from a question about medical history.

Aside from my complaint of medical discrimination, where does their decision leave me? I spoke with the manager I would have reported to in Nigeria this morning, and they are rescinding the offer, but my position in El Segundo has already been filled.

Mark Snookal
IEA Reliability Team Lead

Chevron Products Company
El Segundo Refinery
324 W. El Segundo Blvd.
El Segundo, CA 90245
Tel 310.615.5208
Mobile 310.678.5914
Mark.Snookal@chevron.com

CUSA000543

EXHIBIT 6-2

EXHIBIT 7

Chevron

Physical Requirements and Working Conditions GO-308

This form is a requirement for all jobs. The GO-308 should be completed by a GO-308 Developer that has completed the Chevron training. Review form instructions prior to filling out this form.

☐ This is an 'interim' GO-308 that has not yet been through the complete OE-FFD GO-308 procedure.

Section 1: Job Information

GO-308 Category: OFFICE BASED JOBS

Reporting Unit Summary (e.g. : Chevron Upstream, Downstream & Chemicals): Upstream

Reporting Unit RollUp (e.g. : Africa/Latin America, Manufacturing): INTERNATIONAL UPSTREAM

Reporting Unit Employee (e.g. : Southern Africa, Richmond Refinery): NIGERIA MID -AFRICA UNIT

Location City: LAGOS / ABUJA / WARRI / ESCRAVOS / ONNE State/Province: LAGOS / FCT / DELTA / RIVERS Country: NIGERIA

Safety Sensitive ☐ Highly Safety Sensitive ☐ Non-Safety Sensitive ☒

GO-308 Category requires Medical Evaluation: ☒ Yes ☐ No

GO-308 Category requires FCE: ☐ Yes (attach to GO-308) ☒ No

Section 2: Physical Requirements

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2= Above Average Ability 3 =Average Ability 4 = Below Average Ability 5 =Negligible Ability

Physical Demands			N	O	F	C
Below Waist Lifting	12 kg	lb/kg	☐	☒	☐	☐
Above Waist Lifting	0	lb/kg	☒	☐	☐	☐
One-Hand Carrying	12kg	lb/kg	☐	☒	☐	☐
Two-Hand Carrying	0	lb/kg	☒	☐	☐	☐
Pushing-Max Force	0	lb/kg	☒	☐	☐	☐
Pulling-Max Force	0	lb/kg	☒	☐	☐	☐
Forceful Grip	0	lb/kg	☒	☐	☐	☐
Forceful Pinch	0	lb/kg	☒	☐	☐	☐
Sit			☐	☐	☒	☐
Stand			☐	☒	☐	☐
Stoop			☒	☐	☐	☐
Kneel			☒	☐	☐	☐
Squat			☒	☐	☐	☐
Forward Bend - Sit			☒	☐	☐	☐
Body Twist Static			☒	☐	☐	☐
Back-Lying			☒	☐	☐	☐
Reaching High Level			☒	☐	☐	☐
Reaching Medium Level			☐	☒	☐	☐
Reaching Low Level			☐	☒	☐	☐
Walk	300m	ft/m	☐	☒	☐	☐
Climbing-Ladder		ft/m	☒	☐	☐	☐
Climbing-Stairs	12 stairs	ft/m	☐	☒	☐	☐
Jump		ft/m	☒	☐	☐	☐
Body Twist - Repetitive			☒	☐	☐	☐
Throw		ft/m	☒	☐	☐	☐
Crawl		ft/m	☒	☐	☐	☐
Handling			☐	☒	☐	☐
Fingering			☐	☐	☒	☐

Dexterity and Coordination					
Manual Dexterity	1 ☐	2 ☐	3 ☒	4 ☐	5 ☐
Finger Dexterity	1 ☐	2 ☐	3 ☒	4 ☐	5 ☐
Bi Lateral Hand Coordination	1 ☐	2 ☐	3 ☐	4 ☒	5 ☐
Eye-Hand-Foot Coordination	1 ☐	2 ☐	3 ☐	4 ☐	5 ☒

Motor and Sensory	Required/Not Required	
Balancing	R ☐	NR ☒
Sense of Touch	R ☐	NR ☒
Sense of Smell	R ☐	NR ☒
Speaking Clearly	R ☒	NR ☐
Hearing-Speech Range	R ☒	NR ☐
Hearing-All Ranges	R ☐	NR ☒
Seeing, Reading & Comprehension	R ☒	NR ☐
Seeing Distant	R ☒	NR ☐
Seeing Near	R ☒	NR ☐
Depth Perception	R ☐	NR ☒
Color Vision	R ☐	NR ☒
Emergency Evacuation	R ☒	NR ☐
Swing Rope Test	R ☐	NR ☒

Other: Physically Strenuous Training - N R

SECTION 4: WORKING CONDITIONS

R = Required NR = Not Required

Extreme Cold-Below 32° F/0° C	R ☐ NR ☒	Problem Solving/Independent Decision Making	R ☒ NR ☐		
Extreme Heat Above 100° F/38° C	R ☐ NR ☒	Multiple Tasks	R ☒ NR ☐		
Dryness	R ☐ NR ☒	Travel - Domestic	R ☒ NR ☐	☒ Check if > 6 trips/year	
Wetness	R ☐ NR ☒	Travel - International	R ☒ NR ☐	☒ Check if > 6 trips/year	
Humidity-Above 90%	R ☐ NR ☒	Overtime	R ☐ NR ☒		
Confined Spaces	R ☐ NR ☒	Schedules/Deadlines	R ☒ NR ☐		
Cramped Qtrs.	R ☐ NR ☒	Shift Duration (hrs/day)	8/9 hours ☒	10/11 hours ☐	12/13 hours ☒ 14 or more ☐
Elevated Heights _____ ft/m	R ☐ NR ☒	Shift Schedule	Day ☒	Night ☐	Day and Night ☐ Rotational (define below) ☐
Noise-Over 85 Decibels	R ☐ NR ☒	Other (Describe)	5/2, 14/14, 28/28		
Moving Equipment	R ☐ NR ☒	Chemicals (List)			
Vibrating-Rotating Equipment	R ☐ NR ☒	N/A			R ☐ NR ☒
Explosives	R ☐ NR ☒				R ☐ NR ☒
Operate Motor Vehicle	R ☐ NR ☒				R ☐ NR ☒
Working Around People/Interacting with Others	R ☒ NR ☐				R ☐ NR ☒
Working Alone	R ☒ NR ☐	Airborne Contaminants (List)			
Operate Computer Station	R ☒ NR ☐				R ☐ NR ☒
Operate Office Equipment	R ☐ NR ☒				R ☐ NR ☒
Rapid Working Pace	R ☐ NR ☒				R ☐ NR ☒
Other					

SECTION 5: PROTECTIVE EQUIPMENT REQUIRED

R = Required NR = Not Required

Frequency

Eye Protection	R ☐ NR ☒	Torso Protection	R ☐ NR ☒	Fall Protection	R ☐ NR ☒
Hearing Protection	R ☐ NR ☒	Arms, Hands, Fingers	R ☐ NR ☒	Respirator-Breathing Apparatus	R ☐ NR ☒
Head Protection	R ☐ NR ☒	Legs, Feet, Toes	R ☐ NR ☒	Personal Flotation Device (PFD)	R ☐ NR ☒

Other (Describe) PHONE HEAD SET

SECTION 6: INDIVIDUAL POSITIONS (Check all that apply)

ADVISOR	FINANCE SUPERVISOR
HR BUSINESS PARTNER/SENIOR HR BUSINESS PARTNER	SENIOR FINANCE ANALYST
ASSOCIATE HR ANALYST/HR ANALYST /SENIOR HR ANALYST	FINANCE ANALYST
ASSOCIATE HR REPRESENTATIVE/HR REPRESENTATIVE/SENIOR HR REPRESENTATIVE	CASHIER
MANAGER	
SUPERVISOR	LEGAL ADVISOR
TEAM LEAD	ATTORNEY
	LEGAL ADMINISTRATOR
	GENERAL COUNSEL

Instructions - This portion should be very specific and include complete details of the physical requirements of the job. Use categories only up to the weight that applies to the specific job.

[illegible] PHYSICAL REQUIREMENTS (CONT'D)

Below Waist Lifting – To move an object, weighing more than 5 lb / 2kg, from the floor to waist level by supporting it in the air (also includes waist to waist lifting). If rated as lifting, the demand cannot also be rated as another whole body position.

Weight	Items	Distance (V/H and ft/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	3V ft	From floor to knee level
51-100 lb 25-46 kg			
>100 lb > 46 kg			

Additional Information: ____

Above Waist Lifting – To move an object, weighing more than 5 lb / 2 kg, from waist level to a higher position, by supporting it in the air. If rated as lifting, the demand cannot also be rated as another whole body position.

Weight	Items	Distance (V/H and ft/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-46 kg			
>100 lb > 46 kg			

Additional Information: ____

One-handed Carrying – To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with one hand. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting. The hand used should be designated.

Weight	Items	Distance (V/H and ft/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	200H / m	From accommodation and office to car park. Also from staff buss to airport check-in counter
51-100 lb 25-46 kg			
>100 lb > 46 kg			

Additional Information: ____

Two-handed Carrying – To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with both hands. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting.			
Weight	Items	Distance (V/H and ft/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-46 kg			
>100 lb > 46 kg			

Additional Information: ____

Pushing – Exerting a force upon an object so that the object moves away from the force (includes slapping, striking, and kicking away). The height of the hand position present during pushing should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.				
Push Force	Items	Distance (V/H and ft/m)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb > 46 kg				

Pulling – Exerting a force upon an object so that the object moves toward the force (includes jerking). The height of the hand position present during pushing should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.				
Pull Force	Items	Distance (V/H and ft/m)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb > 46 kg				
Hand Positions				
OH – Overhead S – Shoulder MC – Mid Chest W – Waist K – Knee BK – Below Knee				

Additional Information: ____

Forceful Gripping – Squeezing firmly using the entire hand, requiring greater than 10 lb / 4 kg of force.				
Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional Information ____

Forceful Pinching – Squeezing firmly between the thumb and one or more of the opposing fingers, requiring more than 5 lb / 2 kg of force.

Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional information: _____

Sitting – To rest the weight of the body upon the buttocks and with back upright.

Surface	Max Continuous Duration	Description	Other Comments
Ergonomic chair	30 mins	Sitting to work on computer	Also when attending meetings

Additional Information: _____

Standing – Remaining on one's feet in an upright and erect position without moving about, with weight distributed on the feet.

Surface	Max Continuous Duration	Description	Other Comments
Concrete and tiled surfaces	5 mins	During presentations or when discussing with colleagues and clients	

Additional information: _____

Stooping – To bend forward at the waist while keeping the knees fairly straight. To qualify as stooping, the hips or waist should be bent forward from vertical at least 35 degrees with knees bent no more than 45 degrees from a fully straight position.

Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Kneeling – Supporting the body weight through both knees, with hips relatively straight and knees bent to at least 90 degrees.

Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Squatting / Crouching – To bend both hips and knees so as to sit on the heels with the knees bent and the weight resting on the balls of the feet, or to bend both hips and knees and rest one knee down on the floor. Knees must be bent more than 45 degrees from fully straight position.

Surface	Duration	Description	Other Comments

Additional Information: _____

Forward Bending in Sitting – Bending the upper body forward, at least 75 degrees from vertical, while in a sitting position.

Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Static Body Twisting – Maintaining the body in a position where the lower body remains fairly stationary and the upper body rotates to one side or the other – can occur while the worker is either sitting or standing

Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Back Lying – Lying on one's back to perform work activity. Legs can be bent or straight

Surface	Max Continuous Duration	Description	Other Comments

Additional Information: ____

Reaching High Level: Moving the arms in any direction away from the body, with hands above shoulder height. Upper arms must be higher than shoulder.

Distance (V or H)	Max Continuous Duration	Description	Other Comments

Additional Information: ____

Reaching Medium Level: Moving the arms in any direction away from the body, with hands from waist to shoulder height. Upper arm must be at least 45 degrees away from body and no higher than shoulder.

Distance (V or H)	Max Continuous Duration	Description	Other Comments
3H ft	30 seconds	To reach telephone hand set	Pick up files, books from cabinet

Additional Information: ____

Reaching Low level: Moving the arms in any direction away from the body, with hands below waist. Body is usually in a forward bent/stooping position

Distance (V or H)	Max Continuous Duration	Description	Other Comments
3V ft	30 seconds	To pick items from locker	

Additional Information: ____

Walking – Moving about on foot, placing one foot down before the other is lifted. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered walking. Fewer than 3 steps is considered standing.

Surface	Distance (ft/m)	Max Continuous Duration	Other Comments
Concrete and tiled surface	300m	10 mins	To discuss with colleagues, attend meetings in other departments and also walk to and from car park Also to attend court proceedings

Additional Information: ____

Climbing - Stairs – Ascending or descending stairs using feet and legs with or without use of hands and arms.

Type of Climb	Number of Stairs	Max Continuous Duration	Other Comments
Inclined	12	1 min	To the offices and also to attend meetings in other buildings

Additional Information: ____

Climbing - Ladders – Ascending or descending ladder using feet and legs with or without use of hands and arms. The ladder climbed can be either a vertical or A-frame ladder.

Type of Climb	Number of Rungs	Max Continuous Duration	Other Comments

Additional Information: ____

Jumping – To move oneself from the ground, propelling the body through the air with both feet simultaneously not in contact with the ground surface.			
Surface	Distance (ft/m)	Description	Other Comments

Additional Information: ____

Repetitive Body Twisting – Rotation of the trunk during which the lower body remains fairly stationary and the spine and torso rotate to one side or the other, over and over, for at least 3 consecutive repetitions (start right, twist left and back to the right is considered one repetition). Can occur while worker is either sitting or standing				
Surface	No. of Repetitions	Max Continuous Duration	Description	Other Comments

Additional Information: ____

Throwing – To propel an object through the air by releasing from the hand while the arm is in rapid motion.				
Object	Distance (ft/m)	Weight (lbs/kgs)	Description	Other Comments

Additional Information: ____

Crawling – Moving around while on hands and knees. Minimum of 3 steps is required to be considered crawling.				
Surface	Distance (ft/m)	Max Continuous Duration	Description	Other Comments

Additional Information: ____

Handling – The act of closing the hand with sufficient force as to be able to grasp, hold, turn, or seize an object, requiring less than 10 lb / 4 kg of force. Hand activities that require contact of the palm of the hand with the object.				
Hand Position	Max Continuous Duration	Force	Description	Other Comments
MC	5 mins	4 kgf	Handling telephone handset to make or answer calls	

Additional Information: ____

Fingering – The act of picking, sorting, or working primarily with the fingers rather than with the whole hand. Hand activities that do not involve contact with the palm of the hand				
Hand Position	Max Continuous Duration	Force	Description	Other Comments
MC	10 mins	3 kgf	Typing on the keyboard and writing	

Additional Information: ____

Manual Dexterity – Ability to work with hands rapidly and accurately in performing tasks that involve using the whole hand for grasping, holding, turning.

Scale	Description	Other Comments
3	Holding mouse and telephone handset	Also to handle books

Additional Information: _____

Finger Dexterity – Ability to move fingers and manipulate small objects rapidly and accurately.

Scale	Description	Other Comments
3	Required to use computer keyboard	

Additional Information: _____

Bi Lateral Hand Coordination –The ability to move both hands rapidly and accurately, making precise movements with speed.

Scale	Description	Other Comments
3	Required for working on the computer	

Additional Information: _____

Eye-Hand-Foot Coordination – Ability to move hands and feet in coordination with one another in accordance with visual stimulation.

Scale	Description	Other Comments
5	When ascending and descending stairs	

Additional Information: _____

Balancing – The ability to maintain bodily equilibrium and stability. The ability to balance on level surfaces (i.e. indoors), uneven surfaces (i.e. outside), ladder, or balance beam.

Surface	Distance (ft/m)	Feet position	Description	Other Comments

Additional Information: _____

Sense of Touch – To put the hand or finger or some other body part on an object or individual so as to perceive size, shape, temperature, or texture.

Description	Other Comments

Additional Information: _____

Sense of Smell – Perceiving odors or scents by means of the organs in the nose to the extent needed to distinguish or recognize particular odors.

Description	Other Comments

Additional Information: _____

Speaking Clearly –To be able to communicate, using the voice, in a manner that is easily perceptible.

Description	Other Comments
Required to communicate with colleagues and clients	

Additional Information: _____

Hearing-Speech Range – To be able to hear all sounds in the vibratory wavelength of the human voice.

Description	Other Comments
Required for effective communication with colleagues and customers	Use of hearing aids is acceptable

Additional Information: _____

Hearing All Ranges – To be able to hear all sounds in the vibratory wavelength of human hearing.

Description	Other Comments
To hear sounds at near and distance e.g. alarms, horns etc.	

Additional Information: _____

Seeing, Reading & Comprehension –To be able to visually perceive the words on a page or object so as to allow the individual to understand what is to be communicated by the printed words

Description	Other Comments
Required to be able to read emails, policies and other documents	Use of correcteive glasses are acceptable

Additional Information: _____

Seeing, Distant - The ability to see objects that are 20 feet / 6 meters or more from the individual in a manner that allows the individual to make judgments about the object.

Description	Other Comments
To be able to see other persons, objects or hazards ahead	Use of correcteive glasses are acceptable

Additional Information: _____

Seeing Near – The ability to see objects that are 20 inches / 51 centimeters or less from the individual in a manner that allows the individual to make judgments about the object.

Description	Other Comments
Required to read clearly, see near objects and recognise colleagues	Use of correcteive glasses are acceptable

Additional Information: _____

Depth Perception – The ability to perceive and judge different distances and spatial relationships between objects.

Description	Other Comments

Additional Information: _____

Color Vision – The ability to distinguish and identify differences in colors

Description	Other Comments

Additional Information: _____

Emergency Evacuation – The ability to leave a location very quickly in an emergency situation.

Description	Max Continuous Duration	Other Comments
Employee should be able to vacate facility in the event of emergency and move to muster point	5 mins	

Additional Information: ____

Section [illegible] - ADDITIONAL INFORMATION [illegible]

(Add other Physical Demands, Working Conditions, Personal Protective Equipment or general comments. Attach a separate sheet if necessary.)

Section [illegible]

Check Box

	Name	Company	Phone Number	Date (mm/dd/yyyy)
☒ Interim Development Signature (GO-308 has not yet been through the complete GO-308 procedure)	IWUANYANWU J. / ADEBAYO J / ENAHOLO B.	CNL / EUROFLOW	76215 / 61172	08 / 01 / 2016
☒ Onsite Functional Job Analysis Performed (Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed)	IWUANYANWU J. / ADEBAYO J / ENAHOLO B.	CNCNL / EUROFLOWL	76215 / 61172	08 / 10 / 2016
☒ Final Developer Signature (Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed)	IWUANYANWU J. / ADEBAYO J / ENAHOLO B.	CNL / EUROFLOW	76215 / 61172	/ /

Section [illegible]

Name	Signature	Company / Job Title	Phone Number	Date (mm/dd/yyyy)
MRS. OLUYOMI AFOLABI		CNL / MGR. HR ADMIN AND SERVICES	68111	03 / 26 / 2013
MRS. M. O. AKEREDOLU		CNL / SUPV. OFFICE SUPPORT SERVICES	68491	03 / 26 / 2013
DR. O. C. PITAN		CNL / OH PHYSICIAN	61807	03 / 26 / 2013
				/ /
				/ /

Please make sure to complete Section 8 and 9 during the reevaluation process.

Supervisor	AKEJU OSARETIN / OKUGO ANTHONY / NENGITE LUCKY Print Name	Signature	10/20/2016 Date (mm/dd/yyyy)
Management	EFFIONG ANTHONY / ABIOLA NNAOBI / MOUETAN NED Print Name	Signature	11/04/2016 Date (mm/dd/yyyy)
GHM / Designee	DR. O. C. PITAN Print Name	Signature	11/07/2016 Date (mm/dd/yyyy)

Completed GO 308 and Functional Capacity Evaluation (FCE), if appropriate, sent to GO308@Chevron.com 11/09/2016 Date (mm/dd/yyyy)

GO-308 Physical Requirements and Working Conditions
Form Instructions

The term Developer will be used to identify the company/person that will develop/update the GO-308. The GO-308 forms should be re-evaluated and updated at least every five years, or earlier, if the job scope or physical requirements / working conditions change.

Section 1 – Position Information

GO-308 Category: Combination of position titles with 'like' physical requirements and working conditions

Supervisor: Complete all areas of this section with the assistance from your HR Business Partner, Operational Excellence SBU Fitness for Duty Process Advisor, HES Specialist and Global Health and Medical (GHM) (if needed)

Reporting Units (RUs): Are distinct organizations that report a set of operational results on an ongoing basis to Chevron's Office of the Chairman. There are three RU levels:

- Summary RU: represents a broad area of Chevron such as Downstream and Chemicals or Chevron Upstream or Gas and Midstream
- Rollup RU: represents major areas of Chevron, such as Manufacturing or North America Exploration & Production or Pipeline
- Employee RU: represents a further breakout of operational areas, such as El Segundo Refinery, LABU or MidContinent

Examples of RU Hierarchy (this is only a partial listing) are below. For some Reporting Units, Employee RU is the same as the Rollup RU.

Summary RU	RollUp RU	Employee RU
Corporate Staffs	Business Development	Business Development
	Executive Staff	Executive Staff
	Law, Governance & Compliance	Law
		Governance
		Compliance
Downstream & Chemicals	Lubricants	Americas Finished Lubricants
	Manufacturing	Richmond Refinery
Chevron Upstream	North America Exploration & Production	MidContinent
	Africa/Latin America (CA_AEP)	Southern Africa, Latin America (LABU)

	Production	
	Africa/Latin America (CA/AEP)	Southern Africa, Latin America (LASU)
Gas and Midstream	Pipeline	Pipeline
	Shipping	Shipping
Technology, Projects and Services	Information Technology	Information Technology
	Energy Technology	Energy Technology

Location City, State/Province, Country: Identify the actual work location information
Safety Sensitivity: Identify if position is safety sensitive, highly safety sensitive, or non-safety sensitive.
Medical Evaluation: Check the appropriate box. GHM and/or their designee are available for consultation.
FCE: Check the appropriate box. If a FCE is required, attach the FCE protocol with the completed GO-308.

Section 2 – Physical Requirements (Summary)
Developer: Complete this section after completing/updating GO-308

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2= Above Average Ability 3 =Average Ability 4 = Below Average Ability 5 =Negligible Ability

Motor and Sensory: R = Required NR = Not Required

Section 3 – Working Conditions
Developer: Complete this section after completing/updating the GO-308

Section 4 – Protective Equipment Required
Developer: Complete this section after on-site analysis of the job

Section 5 – Individual Position Titles
Jobs that can be combined, for GO-308 purposes, based upon physical demands. A GO-308 is not a requirement at this level, provided the position is covered at the GO-308 Category level.
Developer: Complete with assistance from SBU HR Business partner, HES Specialist, Operational Excellence SBU Process Advisor and GHM (if needed) after all the GO-308's have been developed for SBU.

Section 6 – Physical Requirements (Detailed)
Developer: Complete this section based on job analysis questionnaire, onsite analysis, and position interviews. This portion should be very specific and include complete details of the physical requirements of the job

Section 7 – Additional Information
Developer: Use this section to document any items not previously documented

Section 8: GO-308 Development Actions Taken
Developer: Complete Quality Assurance review of the GO-308 form prior to obtaining required signatures and submitting to the GO-308 Repository for uploading
Interim Developer Signature: This GO-308 has not been through the complete GO-308 procedure. Please check the box and sign and date the form. Your signature acknowledges that this is an Interim GO-308 and this GO 308 has not been through the complete GO-308 procedure for the positions listed.
Onsite Functional Job Analysis Performed: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please check the box and sign and date the form.
Final Developer Signature: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please review the GO-308 form for accuracy, then check the box and sign and date the form. Your signature will acknowledge that the GO-308 accurately describes the physical requirements and working conditions of the positions listed.

Section 9 – Steering Team (recommended) or local Management Review and Approval (Original Development of GO-308)
This section is provided to document agreements of the GO-308 steering team or local Management. The steering team may include the following types of roles: Fitness for Duty Process Advisor, Human Resources, HES, Managers, Union Stewards, and/or Global Health and Medical (GHM) and/or their designee.

Steering Team or CoCo Management: Obtain appropriate signatures and complete team member roles. Individual signatures will acknowledge that you approve the GO-308 and agree with the Medical Evaluation and FCE requirements

Section 10 – Signature Updated
This section is provided for when the GO-308 is updated
Developer: Obtain appropriate signatures
Supervisor: Your signature will acknowledge that the GO-308 has been revalidated and accurately describes the physical demands of the positions listed

Section 11 – GO-308 Repository
Developer: Email the completed GO-308 word document (doc) including the PDF, if appropriate to GO308@Chevron.com for uploading into the GO-308 repository.
GO-308 Developer: Maintain all GO-308 documentation as outlined in the OE - Fitness for Duty process: Creating and updating the GO-308 Procedure
Global Health & Medical (GHM): Perform administrative review of the GO-308 prior to uploading into the GO-308 repository. Return incomplete GO-308 forms to the supervisor for completion

EXHIBIT 8

Snookal, Mark

From: Levy, Scott
Sent: Monday, September 16, 2019 4:20 AM
To: Snookal, Mark
Subject: medical

Mark,

I spoke with Andrew Powers who briefed me on your recent discussion with him and let me know that you were waiting on written documentation and perhaps further explanation of your recent MSEA (medical suitability for expat assignment) examination. I'll do my best to explain in writing but also happy to further discuss live.

As you know, foreign assignments (including, Escravos Nigeria) can be in locations where access to critical prescription medications or medical care is extremely limited. For these and other reasons, we conduct an MSEA to confirm that an employee is medically able to work in the new job and location.

I understand that you are willing to take the risk of potentially dying on the job, and that you do not feel it is the company's place to make that decision for you. I agree to a certain extent and recognize your concerns about paternalism. However, the company does have a right to not engage individuals where their assignment could pose a "direct threat" to their own health and safety.

We certainly don't believe that every employee with a health condition poses a direct threat; we need to analyze the condition and the attributes of the job. When there are ways of ameliorating the risks (including reasonable accommodations) we work with the individual to do so. I became involved on your case when you had requested a second opinion on the initial denial and with your consent involved your treating physician to better understand your specific risk. While reasonable professionals can debate the exact percentage, we are dealing with an established risk that is several magnitudes higher than the baseline and is a realistic possibility. We respectfully disagree that this finding (regardless of the exact percentage) is based on stereotypes, as distinguished from objective medical evidence. But the risk itself is not determinative. The concern is that if the condition were to occur, the outcome would be catastrophic and would require an immediate emergency response which is not available and would most certainly result in death in Escravos. There is no medical capability to manage this type of emergency in Escravos or anywhere near Escravos. It is also clear that the duration of your condition is not limited and is continually present, and the occurrence is not predictable and it's not possible to isolate triggers to reduce the risk.

We have no problems with you working in El Segundo and believe there are many other foreign locations where you could work. We in fact discussed whether you could perform this particular job at a different location in Lagos, but it wasn't possible.

In response to your question, I would not foresee issues with you working in the following locations:

> Americas: US onshore operations, San Ramon, Houston, Calgary, Vancouver, St. John, Argentina (Buenos Aires); Colombia (Bogota); Brazil (Rio de Janeiro), Trinidad (Port of Spain)
>
> Asia Pacific: Singapore, Australia (Perth based), Hong Kong, New Zealand, Thailand (Bangkok, Rayong, Sirai Chi); South Korea (Seoul, Ulsan, Geoje), Philippines (Manila), China (Beijing, Shanghai), Japan Metropolitan; Malaysia (Kuala Lumpur); Pakistan Metropolitan
>
> EEMEA: UK (all locations), Belgium (all locations), Denmark (all locations), France (all locations), Italy (all locations), Netherlands (all locations), United Arab Emirates (all locations), Norway (all locations), Germany (all locations), Sweden (all locations), South Africa (all locations), Bahrain (all locations), Qatar (all locations), Kuwait (all locations), Turkey (all locations), Poland (all locations), Saudi Arabia (all locations), Nigeria (Lagos), Russia (Moscow)

I'd need to do a more specific assessment for:

> Americas: US offshore operations (Deepwater), Colombia (Riohacha); Argentina- Nuquen, Colombia –Rio Hacha, Guatemala, Panama, Mexico, Brazil Offshore, Kitimat (Canada)

AP: Australia (Barrow Island, Onslow, Dampier, Karratha, Thevenard Island & Wheatstone offshore); Bangladesh (Dhaka); China (Chengdu, Tianjin, Tanggu); Indonesia (Jakarta, Sumatra, Balikpapan); Malaysia (Lumut); Thailand (Songkla, Nakorn Srithammarat - NST, Offshore); Vietnam; India

EEMEA: Angola (Luanda); Nigeria (Lekki, Abuja), Azerbaijan (all locations), Ukraine (all locations), Romania (all locations), Rep. of Congo (Pointe Noire), Morocco (all locations), Egypt (all locations), Russia (outside Moscow).

I'd be quite concerned about other locations. As I mentioned above, I'd be more than happy to discuss this with you further.

Scott

Scott Levy
Regional Medical Manager, Europe, Eurasia, Middle East & Africa
TR & HM COE

Chevron Products UK Limited
1 Westferry Circus
Canary Wharf
London E14 4HA
Office- +44 (0) 207 719 3390 (Also serves 24/7 medical emergency support)
Fax- +44 (0) 207 719 5188
Mobile- +44 (0) 792 258 4538
CTN- (8) 584 3390
ScottLevy@chevron.com

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

Important Message from the Global Privacy Team

Remember that when it comes to sharing personal data, **less is more**. Do not share more information than is being requested from you. Share information securely and follow company policy by **encrypting**emails and attachments that contain **sensitive personal data**. Before clicking "send" on an email,**double-check** that the email is addressed to the people you actually want it to go to! Do not forward emails containing detailed information about a patient's health or wellbeing when a summary would suffice. Wherever possible, anonymize personal data by removing patient names and other individual identifiers. Finally, don't hesitate to contact the Global Privacy Team if you have any questions:privacy@chevron.com

EXHIBIT 9

Mark Snookal
2200 Maricopa Dr
Los Angeles, CA 90065
213-458-1341
Mark.Snookal@gmail.com

August 4, 2021

Thalia Tse
HR Business Partner, El Segundo Refinery
Chevron Products Company
324 W. El Segundo Blvd.
El Segundo, CA 90245

Dear Ms. Tse,

I am writing to inform you of my resignation from my position as Instrumentation, Electrical, and Analyzer Reliability Team Leader, effective August 20, 2021. I appreciate all the opportunities you've given me during my time at Chevron Products Company, and the support I've received from the rest of the team.

If I can be of any assistance during the transition, please don't hesitate to ask. I'm always available for questions if need be.

Sincerely,

Mark Snookal

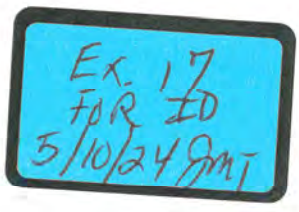

EXHIBIT 9

EXHIBIT 10

Chevron

Voluntary Termination – GO-439-1

I wish to resign my employment with the Chevron Products Company
(Employing Organization)

effective August 20, 2021, for the following reason(s):

I am leaving for an opportunity with significantly increased responsibility

(Continue on reverse, if needed)

Full Signature

1000444873
SAP Personnel Number

Mark Snookal
Name (print)

August 4, 2021
Date Signed

2200 Maricopa Drive
Home Address

Los Angeles, CA, 90065
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EXHIBIT 11

ALEXANDER R. MARMUREANU, MD
Diplomate, American Boards of Surgery and Thoracic Surgery
Thoracic and Cardiovascular Surgery
Assistant Professor of Surgery

EXPERT REPORT

I, Alexander R. Marmureanu, M.D. declare as follows:

I currently practice Thoracic and Cardiovascular Surgery in Los Angeles, CA. I am Board Certified in Cardiothoracic Surgery and General Surgery and licensed to practice in the states of California and New York. I am also an Assistant Professor of Surgery and Vice Chair of the Bylaws Committee at the School of Medicine at California University of Science and Medicine.

I am the CEO and President of California Heart and Lung Surgery Medical Center in Los Angeles and the Director of Cardiothoracic Surgery at Centinela Hospital Medical Center as well as the Director of Cardiovascular Surgery at Southern California Hospital at Culver City.

I am also the Medical Staff President-Elect and the Chairman of the Multi-Disciplinary Peer Review Committee, as well as member of the Medical Executive Committee Leadership at Hollywood Presbyterian Medical Center.

My offices are located in Westwood, at 10921 Wilshire Blvd., #1205 Los Angeles, CA 90024, and at Centinela Hospital Medical Center on 501 East Hardy St. #315, Inglewood CA 90301.

I completed my General Surgery residency at New York University Medical Center and Mt. Sinai Medical Center from 1994 – 2000. I then completed my Cardiothoracic Surgery fellowship at UCLA Medical Center from 2000 – 2002, where I served on the Faculty, before founding California Heart and Lung Surgery Center.

Currently, in addition to my Thoracic and Cardiovascular surgical practice, I continue to train medical students, residents, as well as other surgeons. I also continue to publish and lecture on various topics in the field of Thoracic and Cardiovascular Surgery.

Through my education, training and professional experience, I am very familiar with this patient's medical conditions, treatment, and associated prognosis.

My opinions are based upon my medical education, thoracic and cardiovascular surgical training, practice, and experience, as well as the medical records, and all other documents that I have reviewed.

I reserve the right to supplement my opinion based upon the receipt of additional information.

My education and background are accurately listed on the curriculum vitae, attached as Exhibit "A", which sets forth my education, training, experience, and qualifications as a physician and expert.

EXHIBIT 11-1

DOCUMENTS REVIEWED

Review of Legal Documents:

- Dr. Levy Deposition & Exhibits
- Medical Suitability for Expatriate Assignment History & Physical Examination
- Physical Requirements and Working Conditions
- Expatriate Exam Recommendations
- Complaint for Damages
- Assignment Offer
- Job Description
- Employee Mental Health Questionnaire
- Request for Medical Service
- Email Communications
- Kim, Joon Bum, et al. "Risk of rupture or dissection in descending thoracic aortic aneurysm." *Circulation* 132.17 (2015): 1620-1629.

Review of Medical Records

- Kaiser Permanente Medical Records & Imaging Studies
    - CT Angiogram Report
    - ECHO Report
    - Chest CT
    - Chest X-ray
- Holter Monitor Results
- Work Letter by Dr. Khan
- Immunization Records
- Quest Lab Results
- Access Medical Group (Chevron) Medical Examination

SUMMARY OF RECORDS

Mr. Mark J. Snookal, a 52-year-old male (DOB: April 13, 1972), has a stable 4.2 cm dilated aortic root and ascending aortic aneurysm, both of which have remained asymptomatic. His ejection fraction is normal, indicating that the aneurysm has not impacted his cardiac function.

Mr. Snookal was being considered for a promotion to Reliability Engineering Manager at Chevron, a desk-based role that would have required travel to Escravos, Nigeria every other month. However, the offer was withdrawn following a routine medical evaluation due to concerns about his cardiovascular condition.

His cardiologist, Dr. Khan, had cleared him from a cardiovascular standpoint, confirming that the aneurysm was stable, well-managed, and posed minimal risk to his health. Dr. Khan recommended continued medical management and annual imaging. Despite this expert opinion, Chevron's medical team overruled Dr. Khan's recommendation, deeming Mr. Snookal's condition a "direct threat" to his safety based on perceived risks rather than clinical evidence.

Timeline of Events

2019 - Application for Nigeria Position

- Chevron required a medical evaluation before starting the assignment in Escravos, Nigeria. Dr. Irving Sobel assessed Mr. Snookal and deemed him fit for duty with two restrictions:
    - Avoid lifting weights over 50 lbs.
    - Obtain clearance from his cardiologist.

April 19, 2019 - Cardiology Note by Dr. Khan

- **Chronic Conditions**:
    - **Dilated Aortic Root: Stable and unchanged.**
    - **Aortic Valve Regurgitation: Stable and unchanged**.
    - Cholelithiasis
    - Hypertriglyceridemia

- **Key Points**:
    - **Mr. Snookal remained asymptomatic from a cardiac standpoint**, without shortness of breath during his daily activities.
    - He exercises regularly, performing 30 minutes of cardio on a treadmill about 4 times per week.
    - **His blood pressure at home was generally under 120 mmHg.**
    - **No history of syncope.**

Review of Imaging Studies

February 11, 2012 - Chest CT with Contrast

- Findings included diffuse mixed ground-glass and dense airspace consolidation, likely due to an infectious or inflammatory cause, unrelated to chronic heart conditions.
- Small bilateral pleural effusions and reactive subcarinal lymph nodes were noted, with no chronic or progressive pulmonary condition.

November 5, 2014 - Chest X-ray

- Imaging showed resolution of previous lower lobe opacities, suggesting the findings were not persistent or significant.
- **A normal cardiac silhouette** and absence of lung consolidation indicated no active cardiopulmonary pathology.

February 16, 2015 - Holter Monitor

- **Sinus rhythm** predominated, with occasional PACs and frequent PVCs (20% of beats), which are common and benign in the general population.
- Ventricular tachycardia was limited to brief, three-beat runs, suggesting no significant impact on physical ability or daily activities.

March 26, 2015 - Echocardiogram

- Showed normal biventricular size and function, with an **ejection fraction of 55-60%,** adequate for normal cardiac performance.
- Mild to moderate eccentric aortic regurgitation was present, but **Mr. Snookal was asymptomatic, indicating no functional limitation.**
- **The aortic root measurements were stable**, with no concerning elevation in right ventricular pressure.

May 26, 2016 - CTA Cardiac

- **The aortic root remained stable at 4.2 cm, with no significant progression.**

  **Comment: No evidence suggested any pathology that would interfere with physical tasks.*

February 24, 2017 - Echocardiogram

- Findings included normal **systolic function/ejection fraction of 50-55%, stable aortic dimensions, and no significant strain on the heart.**

March 29, 2018 - 2D Echocardiogram

- Mild left ventricular enlargement and trace mitral regurgitation were noted, but the **ejection fraction was robust (60-65%)**

  *(*Comment: the ejection fraction is the best indicator regarding how strong Mr. Snookal's heart is. He has normal ejection fraction)*

- Stable aortic regurgitation and mild right atrial enlargement were present.

April 10, 2019 - CTA Chest

- **Stable aortic root (4.2 cm) and ascending aorta measurements, with no significant enlargement or dissection.**

Review of Clinical Notes

March 13, 2017 - Cardiology Consultation

- **Mr. Snookal was asymptomatic from a cardiac perspective, with no limitations on physical exertion**.
- **His cardiac evaluations were precautionary, with no functional deficits identified**.

April 19, 2019 - Office Visit

- **Mr. Snookal continued to be asymptomatic, engaging in routine physical activity without limitations.**

June 5, 2019 - Holter Monitor Follow-Up

- The Holter results were consistent with previous findings, indicating benign PVCs.
- **Dr. Khan recommended a beta blocker as a precautionary measure to help prevent the growth of the ascending aorta**, even though it isn't strictly necessary since the patient has no symptoms.

In summary, the clinical data consistently indicates that Mr. Snookal's ascending aortic aneurysm and aortic root have remained stable at 4.2 cm, with no significant progression over several years of monitoring. At this size, in my opinion, the annual risk of rupture or dissection is less than 1%, especially considering the stability of his condition and aortic measurements. Given that his work is desk-based and not physically demanding, there is no evidence to suggest that his condition would affect his job performance or pose an immediate risk.

The risk of aortic dissection and possible rupture typically increases when the aneurysm reaches measurements around 5.5 cm, meaning Mr. Snookal's aneurysm is not large enough to be considered clinically significant. Moreover, there is no indication that his condition would worsen or present a danger while he carries out his duties in Escravos, Nigeria (his aortic measurements have remained stable). Additionally, his ejection fraction has remained normal, indicating that the aneurysm has had no impact on his cardiac function. This, combined with the absence of any symptoms, further supports his fitness for duty.

In conclusion, the evidence overwhelmingly supports that Mr. Snookal's aneurysm does not pose any clinically significant risk, particularly given his travel to Nigeria every other month. It is important to emphasize that before considering the risk of aortic dissection or rupture, there must be clear documentation of rapid growth or an increase in size to around 5.5 cm. In contrast, Mr. Snookal's aortic root dilation and ascending aortic aneurysm have consistently remained stable, with no signs of growth to date. With proper blood pressure management and regular monitoring, there is no justification for classifying his condition as a "direct threat." His functional capacity remains fully intact, further reinforcing that the perceived risks are unfounded.

METHODOLOGY OF OPINIONS

All of my opinions and conclusions are stated within a reasonable degree of medical certainty. The following opinions are based on my education, training, practice, and experience as well as the applicable medical literature available. I applied the same generally accepted methodology utilized in the medical community for diagnosing and treating cardiovascular diseases. I also utilized the same methodology in rendering my opinions as I do in my daily medical/surgical practice as a board-certified thoracic and cardiovascular surgeon. I reserve the right to amend, supplement or modify those opinions as new evidence is developed, including new or additional medical records become available.

OPINIONS

After thoroughly reviewing the medical records, imaging studies, and current clinical guidelines, it is my expert opinion that Mr. Snookal is fit for duty in Escravos, Nigeria. His 4.2 cm ascending aortic aneurysm and dilated aortic root have remained stable over several years of monitoring, staying well below the threshold for significant risk, which is generally considered to be around 5.5 cm. The stability of the aneurysm, combined with Mr. Snookal's well-controlled blood pressure, indicates there is no medical reason to restrict him from performing his job duties. I agree with Dr. Khan's recommendation to continue annual CT scans to monitor the aneurysm's stability. No additional treatments are necessary at this time.

Low Risk of Complications

In my expert opinion and according to the clinical data, ascending aortic aneurysms between 4.0 and 4.9 cm carry a very low annual risk of rupture or dissection, estimated at roughly 1% per year in this size range. This risk is considered negligible compared to the general population, especially given the absence of rapid growth in Mr. Snookal's case. Aneurysms typically become clinically significant and warrant surgical intervention when they become around 5.5 cm, OR if there is a rapid increase in size (more than 0.5 cm within six months). These conditions are not relevant in Mr. Snookal's case, as his aneurysm has demonstrated long-term stability, making the likelihood of rapid expansion exceedingly low.

Supporting Medical Evaluations

Dr. Khan's assessment, along with the corroborating medical evaluations, clearly indicates that Mr. Snookal's aneurysm poses a minimal to no risk. The lack of significant change in the aneurysm's size over the last several years, coupled with effective blood pressure management, places his risk profile near that of individuals without an aneurysm. As such, there is no medical justification for preventing him from undertaking his duties in Nigeria.

Job Requirements and Fitness for Duty

The physical requirements and working conditions for the assignment in Nigeria do not specify that an ascending aorta of 4.2 cm would preclude employment. Mr. Snookal's desk job is not physically demanding and does not present any additional risk factors that would exacerbate his condition. The concern cited by Chevron's medical team about the remote location and limited medical facilities in Nigeria (where he would be located every other month) does not outweigh the fact that routine monitoring (annually) is sufficient to ensure Mr. Snookal's safety.

Clinical Management and Recommendations

Annual imaging with CT scans or echocardiograms is sufficient to continue monitoring Mr. Snookal's aorta for any changes. This approach is consistent with standard practice for stable aortic aneurysms and aortic root dilations of this size. In addition, maintaining blood pressure control through medication and lifestyle modifications—keeping levels ideally below 130/80 mm Hg—will further minimize any potential risks associated with the aneurysm.

Additional recommendations include:

- Regular, moderate physical activity to support overall cardiovascular health.
- Adherence to a heart-healthy diet rich in fruits, vegetables, and whole grains.
- Awareness of symptoms indicating aneurysm expansion or rupture, such as sudden chest or back pain, with an understanding of the importance of seeking immediate medical care if such symptoms arise.

Conclusion

In conclusion, it is my expert opinion that Mr. Snookal's 4.2 cm ascending aortic aneurysm and 4.2 cm dilated aortic root are not clinically significant to warrant exclusion from his assignment in Nigeria, especially given the well-documented stability. Blood pressure control as well as annual monitoring are appropriate and effective measures to ensure his continued health. Based on the evidence, Mr. Snookal could have safely proceeded with his work in Nigeria, provided that standard annual surveillance remains in place. There are no medical grounds to consider him unfit for duty or to classify his condition as a "direct threat" to his safety.

Alexander Marmureanu MD

October 9, 2024

EXHIBIT 12

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

_____

MARK SNOOKAL, an individual, Plaintiff, vs. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	)	Case No. 2:23-cv-6302-HDV-AJR

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

SCOTT LEVY, M.D.

Friday, August 30, 2024

Via Zoom Video Conferencing

9:31 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

A P P E A R A N C E S

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THE VIDEOGRAPHER:

Jacob Rivera

Q. Anyone other than your attorney?
A. I have not.
Q. Okay. Have you ever been convicted of a crime?
A. I have not.
MR. MUSSIG: Okay.
THE WITNESS: Oh, sorry.
MR. MUSSIG: I would object on privacy grounds, but you've already answered, so...
BY MS. FLECHSIG:
Q. Okay. And what's your date of birth, Dr. Levy?
A. April 8, 1973.
Q. Okay. So you're currently an employee of Chevron; correct?
A. I am.
Q. Do you know what the name of the entity you work for is, like, specifically, like, the corporate entity, to clarify?
A. I work for -- it changes all the time, which makes things a little complicated, but I work for Chevron USA.
Q. Okay. Do you know when that last changed?
A. No, it's not clear. And I can explain. I've had several assignments with the company throughout my 12 years here, and so I've worked under different businesses, so it's -- but I think I've -- I think

technically I may have always been on the Chevron USA. I'm just not completely aware. I've never changed payrolls or anything like that, though.

Q. Okay. Is your understanding that your paychecks are paid by Chevron USA or Chevron USA Inc.?

A. It is my understanding that that's what happens, yes.

Q. Okay. I think you just said you worked for Chevron for 12 years, so you would have started in or about 2012?

A. Correct.

Q. Okay. I want to go through just your whole, sort of, work history with Chevron.

What -- what was your role when you started in 2012?

A. I started as -- my title was the occupational health manager for North America.

Q. What -- just, sort of, briefly, what kind of job were you doing in that capacity?

A. Sure. So my -- my agreement was our businesses across -- like, across North America -- my job was to -- I was an internal consultant to our businesses.

So if our businesses needed to set up medical operations, I would be the one to help with that and advise. I would also help run their occupational health

program across North America and then involved with different health and wellness events as they arose.

(Reporter clarification.)

BY MS. FLECHSIG:

Q. How long were you in that occupational health role?

A. It was about two years or so.

Q. What was your next role?

A. I was moved to Singapore, and I was assigned the role of regional medical manager for the Asia Pacific region.

Q. What did you do in that capacity?

A. Similar responsibilities just -- I guess, more of a -- of a senior position. So I managed, again, more complicated businesses and had more reports.

Q. How long were you in that role?

A. Three years approximately.

Q. Okay. And after that -- excuse me, the role in Singapore, what was your next role at Chevron?

A. I took a lateral position to regional medical manager of our EEMEA, E-E-M-E-A, region, which is Europe, Eurasia, Mid East, and Africa, based out of London.

Q. Okay. So what was the date range on that -- on that role? I want to -- like, in time.

A. It ended on May 31st of this year. So I moved to my current role May 31 -- on June 1st. So it was May 31st and then I would subtract seven years. 2017 roughly, '18.

Q. Started 2018, and then you were in that role until May 31st, 2024?

A. Correct.

Q. Okay. Were you located in London that whole time?

A. I was.

Q. Okay. And what's your current role?

A. I now have the role of regional medical manager for the Americas based out of Houston.

Q. Do you know what entity -- what Chevron corporate entity was your employer during the time you were the regional medical director for the EEMEA role?

A. Yeah, so I was working out of the -- it was Chevron Products UK. And, again, that was the title that we used in my signature. I can't tell you the technical bits, though, about payroll and whether I was paid through Chevron USA or not, but my paychecks remain the same -- through the same -- for my 12 years that I was a Chevron employee.

Q. You mean the entity that's paying your paycheck is the same?

A. I kept the same benefits. I kept the same -- nothing's really changed. I stayed on the same payroll. Obviously the amounts changed, but -- over time, but no, it's the same payroll. That's more of an HR question. I don't have the -- the info, I guess. I don't know the answer.

Q. And prior to starting work with Chevron, where were you employed?

A. I worked for the Permanente Medical Group. It's a large physician group in Northern California.

Q. Is that -- I'm sorry, you said Permanente?

A. The Permanente -- "permanent" with an E. Permanente Medical Group.

Q. Okay.

A. TPMG.

Q. Okay. So did you practice medicine, then, between the time -- like, up until the time you joined Chevron?

A. I did.

Q. Okay. And when did you graduate from medical school?

A. '99.

Q. And then you completed residency?

A. I completed two residencies, yes.

Q. Okay. What were your residencies?

Q. Okay. Do you -- did you get any specialized training in cardiology?

A. I have not.

Q. Do you have any Board certifications?

A. I'm Board-certified in internal medicine and occupational environmental medicine as well.

Q. Okay. So I want to ask about your job duties while you were the regional medical director of the EMEA region -- am I getting the acronym correct?

A. You are, yes.

Q. EMEA. Okay.

While you were the regional director of the EMEA region, what were your job duties?

A. Yeah, it's EEMEA. But that's okay.

Q. EEMEA.

A. Yeah. That's okay.

Q. Thank you.

A. My job duties -- so again, internal consultant to our businesses, we've had -- again, a lot of our -- we have new business, we have old business, we have small projects, big projects. So I would say that for the large projects, they had embedded medical teams. So my job was usually to interact with the teams, make sure that they got what they needed. I would help them -- I would help train or mentor. I would review processes

and try to align some of the work coming from our corporate function down to the embedded businesses.

I would also serve as -- I would manage emergencies. So when I say "emergencies," the -- if there wasn't anyone present, we didn't have a medical operation on the ground in a certain country, I would help facilitate care for our people to get them where they needed to be.

So lots of medical evacuations and things like this. A lot of cross-border transfers. So let's just say -- we're talking about a case from Nigeria today. So if I was -- so if we were evacuating someone from Nigeria, I would help facilitate care from Nigeria out to another country, manage the issue -- or help case manage the issue while in that second country, and then see the process to the end when we get the person back home safe and sound.

And so those would be some of the things we do. I -- we would help put together health-and-wellness-related programs and things like that to keep employees safe, to keep -- to keep the workforce healthy, and then we would also review and evaluate our fitness-for-duty programs to make sure that they were functioning as intended.

Q. Okay. So in terms of managing the

fitness-for-duty programs, do you get to create the policies and protocols for how the evaluations are carried out?

A. Influence. I influence it, yes.

Q. Okay. What do you mean you "influence it"?

A. So we have policies related to fitness for duty, and I'm jumping -- maybe jumping ahead because this is an expat-related case, and so -- so in this situation, we -- there's a policy for expat medical clearances.

And as time goes and things need to be updated, I may pass on my thoughts and ideas to the -- to the team that manages the policies.

Q. Okay. What team manages the policies?

A. So at the time, the team was called the Center of Excellence.

Q. Okay. And that's a -- Chevron corporate or --

A. Sorry. Yes. I'm sorry for speaking over you.

Yes, that is -- it's a function under our health and medical department.

Q. So what kind of -- I guess what kind of consulting role do you have on creating the policies and practices for that, then?

A. So --

MR. MUSSIG: Vague as to time.

BY MS. FLECHSIG:

Q. Yeah. I can clarify.

I do mean, you know, while you were the regional EEMEA director.

A. Sure. So the countries change over time. Sometimes the countries get safer, sometimes they get less safe, sometimes they have issues. And so mostly it was taking a look at frequency of the evaluations, taking a look at the new risks that may be in a location that weren't there before.

Again, things could be -- infectious diseases that are in a place, cholera, malaria, ebola at times -- so making sure that when we send people from one location to another that the -- that, A, they're safe to be there; and, B, they're -- we can keep them safe from whatever outside hazards they would -- they may -- they may face, and they're well-informed of their risks.

Q. Okay. So -- so in other words, you have a role in evaluating the real-time risks based on location.

A. Correct.

Q. Okay. And you then give recommendations for policy setting for the fitness-for-duty program to the --

A. Correct.

(Reporter clarification.)

EXHIBIT 12-11

MS. FLECHSIG: Center for Excellence.

THE WITNESS: Center of Excellence.

MS. FLECHSIG: Center of Excellence. Excuse me. Okay.

BY MS. FLECHSIG:

Q. In terms of -- you also mentioned one of your duties is to manage emergency medical evacuations --

A. Correct.

Q. -- and oversee care, you know, when someone has been evacuated.

A. Correct.

Q. What -- I guess, what do you -- strike that.

Do you also get to create policies and protocols for medical evacuations?

A. Correct.

Q. Okay. And -- okay.

And you also would, you know, carry them out in real time when something happens.

A. Yes.

Q. Okay. And at the time you were the regional director for the EEMEA region, you would have been personally responsible for overseeing any medical evacuations from within your region?

A. I would be responsible for -- it's a difficult question to answer, and I'll explain why. We had

EXHIBIT 12-12

approximately 300 medical evacuations a year in our region. Generally, the evacuations that would reach my level would be extremely complicated, not simple, and so I would not be involved in -- in every single evacuation.

I would be involved with anything that was very complex, that required international borders, critical patients, and -- or -- or maybe Q and A on an evacuation that had some issues done by our embedded medical teams.

(Reporter clarification.)

THE REPORTER: Just keep your voice up at the end. It kind of trails off on me.

THE WITNESS: Oh, sorry. Sorry.

THE REPORTER: Thank you.

BY MS. FLECHSIG:

Q. The embedded medical teams, just to clarify, those are the local medical teams on the ground.

A. Correct. And -- and in -- my medical teams for EEMEA, all of those medical teams reported to the businesses. They didn't report to me directly.

Q. Did you -- did you oversee the people who were handling less complicated medical evacuation?

A. When they were --

MR. MUSSIG: Vague as to "oversee." Go ahead. You can answer.

what I think the -- the risk may be or not be.

Q. So how did you -- how did you first become involved with Mr. Snookal's challenge to the host team deeming him unfit for duty?

A. I was asked as a second opinion to review the case.

Q. To provide a medical opinion on whether it was safe for him?

A. I was -- so I don't recall exactly, but I know Mr. Snookal asked for a second opinion and -- that, I know for a fact. And then this was sent to me for a review.

Q. Who sent it to you for review?

A. I don't remember. Again, it was years ago. I know Mark and I did speak, so I'm not sure if he approached me first or if someone sent it to me, but I do know that Mark and I chatted about his situation.

Q. Okay. So when you were asked to give a second opinion, were you allowed to override the decision that the host team had made?

A. I was not allowed to override, but I would say that the -- even the -- as I'm thinking of the word "second opinion," that might be incorrect as well. I would say that -- I was here to help with an appeal. So I would look at a case and see if there was anything

EXHIBIT 12-14

that was missed or some other information that might be pertinent to the case and then have that discussion, doctor to doctor, with our host medical team so they're aware of potentially mitigating factors.

So it wasn't necessarily a second -- a second opinion. It just -- maybe another opinion or -- maybe that's not necessarily different. But just assist with an appeal. But -- but the absolute -- the final decision was with the host location.

Q. Okay. At the time that you were the regional medical director for the EEMEA region, do you recall anyone else who complained about the host decision not to allow the transfer to take place?

A. No.

Q. Okay. So Mark Snookal was the only time -- Mark Snookal's complaint about the decision was the only time you became involved in that way --

A. Correct.

Q. -- to give a second opinion?

A. Correct.

Q. Okay. In terms of the organizational chart, are you considered the supervisor of the host medical teams?

A. I am not.

Q. Okay. Who would be supervising those folks?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: In this specific business, H -- the medical team reported to HR.

BY MS. FLECHSIG:

Q. Okay. So you said "this specific business."

Are you referring to the Escravos, Nigeria, location -- host location? Okay.

A. I'm -- I'm referring to the medical team that made the decision in Nigeria.

Q. Okay. Who made the decision in Mr. Snookal's instance; right?

A. Yeah, it was Dr. Asekomeh -- don't ask me to spell that at this moment, but -- you may have it already.

Q. Is it Dr. -- and I may well be butchering this as well -- Dr. Asekomeh?

A. That sounds correct.

Q. Okay. So --

MR. MUSSIG: That is, by the way, the correct pronunciation. It took me a while.

MS. FLECHSIG: Thank you. I came up with that myself. I -- okay. Great.

MR. MUSSIG: Oh, wait, no, it's Asekomeh.

MS. FLECHSIG: Asekomeh.

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MR. MUSSIG: Asekomeh.

MS. FLECHSIG: Okay.

BY MS. FLECHSIG:

Q. So your understanding is Dr. Asekomeh reported to Chevron human resources.

A. No. He reported to the medical director for Nigeria. Sorry.

MR. MUSSIG: Calls for speculation. Lacks foundation.

BY MS. FLECHSIG:

Q. Sorry. Go ahead. You -- you said he reports to the medical director in Nigeria.

A. Correct.

Q. Okay. And then I think you said somebody reports to HR.

Who then reports up into Chevron's human resources?

A. The medical director.

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: The medical director then reports to HR.

BY MS. FLECHSIG:

Q. Who was the medical director in Nigeria?

A. It was at this -- at the time of this case, it

was Dr. Arenyeka, A-R-E-N-Y-E-K-A.

Q. Okay. And is that -- if you know, is the human resources department that Dr. Arenyeka reports to -- is that Chevron USA, or what -- do you know what the corporate entity is?

A. So --

MR. MUSSIG: Calls for speculation.

THE WITNESS: We call the business NMA, so it's the North African -- North -- it's -- NMA is the abbreviation. I'm -- North -- Nigeria Mid Africa business unit.

BY MS. FLECHSIG:

Q. Okay. Do you know what medical specialty Dr. Arenyeka has?

A. I don't recall.

Q. Okay. Okay. So when you became involved in giving a second opinion on Mr. Snookal's challenge to the host location's determination, what did you do to inform your second opinion?

MR. MUSSIG: Misstates the witness's testimony.

THE WITNESS: So I'm not sure I understand the question. Could you please repeat it?

BY MS. FLECHSIG:

Q. Yeah. So you said you were asked by somebody to give a second opinion on Mr. Snookal's fitness for

duty in -- for the expatriate assignment; right?

MR. MUSSIG: Misstates the witness's testimony.

THE WITNESS: Correct. Correct. Yeah. I -- again, I don't remember how -- how I was contacted initially, but I was obviously dragged into discussion or at least into the case one way or another, but -- so I had a conversation with Mr. Snookal as a first line to understand what was going on.

I received his impression of the situation, discussed the issues with him, discussed some of the details of his medical condition, and then asked permission to speak with his medical -- his treating medical provider.

BY MS. FLECHSIG:

Q. Okay. In terms of his treating medical provider, was that his treating cardiologist?

A. Correct.

Q. And did you -- did you speak with Dr. Khan, the cardiologist?

A. I spoke with Dr. Cardio- -- Dr. Khan via messaging. So I left a voicemail for him explaining who I was and what I was trying to do, and then he responded in an e-mail.

Q. Did you ever speak in real time over the phone

or in person?

A. I don't recall. I -- I don't recall.

Q. Okay. You don't recall whether you did, or you don't recall speaking with him?

A. I don't recall speaking with him on the phone.

Q. Okay. And in your recollection, what did Dr. Khan say to you about his evaluation of Mr. Snookal's health?

A. The -- I'll get to the summary. So what he explained to me and -- was that he has this condition; he's been followed; and for the last three years, they haven't seen a significant or any increase in the size of his problem. And he gave me some risk -- what the -- what his risk of -- of a subsequent event was.

So I believe the message that I left for him was that I'm trying to understand the risk. The data that I pull up shows he's got about a 4 or 5 percent risk of a cardiac event per year -- you know, currently, and I just need to better understand to -- to be able to fine tune or decide if that number is -- has any validity at all.

And so he responded with he believes that the individual's risk of having a cardiac event -- or an event related to his condition was about 2 percent a year. He quoted some studies in mice, and he said that

EXHIBIT 12-20

those were positive, and potentially his -- his risk could be less than 2 percent a year.

Q. Okay. In terms of the -- you said that according to your data, there was a 4 to 5 percent risk of a cardiac event per year.

A. Yes.

Q. How did you get that figure?

MS. FLECHSIG: Sorry, Dr. Levy --

MR. MUSSIG: Is he frozen?

MS. FLECHSIG: I think it's just him. He froze.

MR. MUSSIG: Okay.

MS. FLECHSIG: Dr. Levy, are you there?

MR. MUSSIG: He's still frozen for me.

MS. FLECHSIG: Yeah. Me too.

THE VIDEOGRAPHER: Would you like to go off the record?

MR. MUSSIG: Yeah, maybe -- yeah, we've been going about an hour. Does it make sense to take a break now?

MS. FLECHSIG: I mean, I'd rather not, you know, break while we're -- have a question pending, but -- Dr. Levy, are you there? I see you turned your video off.

MR. LEAL: Does it make sense to ask him to log

THE WITNESS: Oh, no, we're good. We're good now. I can see this. And this is easier for me at the moment.

BY MS. FLECHSIG:

Q. Okay. So I'm going through -- it looks like it's an e-mail from Mr. Snookal to you on August 23rd, 2019; correct?

A. Correct.

Q. Okay. So I see the screenshot Mr. Snookal included in his e-mail to you, which has a chart of maximal aortic diameter and probability of aortic events in one year.

A. Uh-huh.

Q. When you were evaluating the risk of an adverse event for Mr. Snookal, did you consider the actual diameter of his aortic aneurysm?

A. Absolutely. That's -- the larger the diameter is, the higher the risk is. Very similar to this chart. The numbers we can debate, but, yeah, it's absolutely relevant.

Q. Okay. Did you also consider the changes or lack of changes in the diameter over time and whether that impacted Mr. Snookal's risk?

A. I have. Yes, I did.

Q. Okay. Did you evaluate whether Mr. Snookal's

EXHIBIT 12-22

management with medication impacted the risk of an adverse outcome due to the aortic aneurysm?

A. So the fact that he was on his medications and the aneurysm had not grown in those three years -- I took that as he was relatively stable.

Q. So, yes, you did consider it.

A. Correct. Correct. Yes. Considered it, yes.

Q. Okay. And this e-mail, it does say that Mr. Snookal attached a past research and he found a paper.

Did you look at --

A. I think --

Q. -- the attachment that he included?

A. No. So I believe that the attachment that he included is that photo right below.

Q. Okay. So your sense is that there was not any separate attachment to this e-mail.

A. Correct.

Q. Okay.

A. I actually believe there was a -- there was an attachment to the e-mail, but it was the article that I sent to him. So he just replied with attachments and then added this to the -- to the e-mail message.

Q. Okay. Let's see if we can track down the article. I'm going to screen share this with you as

A. Yes.
Q. -- about Mr. Snookal's risk?
A. I would have, yes, correct. I would have.
Q. Okay. Okay. Did you review any of Mr. Snookal's actual medical records in formulating your opinion?
A. I did not. I -- I reviewed the medical evaluations that he had for Chevron, and I reviewed his message -- or letter from his cardiologist. So the -- the key bit here is -- it's a risk tolerance issue.
So he has a medical issue with a risk, and we can debate the risk even on this call, but there's a certain risk and the -- the determination was based on the host location's willingness to accept that risk.
MR. MUSSIG: Do you -- he -- oh, it's me.
BY MS. FLECHSIG:
Q. Okay.
MR. MUSSIG: Can you guys hear me?
MS. FLECHSIG: Yes.
MR. MUSSIG: My computer froze for a second.
MS. FLECHSIG: Yeah.
BY MS. FLECHSIG:
Q. Okay. So ultimately, the host location gets to decide how much risk they're willing to tolerate at their site; correct?

A. Correct. It's -- yeah, it is -- that's exactly right. And then the risk is a combination of things; right? It's the -- it's -- we need to know what the condition is so we know what the risk is that we're taking. If it's -- if the risk is high risk that someone's going to sprain their ankle, not so relevant; but if it's -- you know, if it's a -- if it's a risk that someone's going to potentially die or have a very bad outcome, then it becomes very significant as far as the discussion goes.

Q. So when the host location makes a determination, I guess, what -- what role do you have in whether it's too much risk for Chevron to tolerate?

A. My job in this situation would be to better clarify the risk for them. And I believe in our situation -- I don't -- I don't believe that anyone had a conversation with the cardiologist.

I did get the specifics from the cardiologist about what his individualized risk is, again, not based on studies, not based on -- not based on studies that may or not -- may not pertain to him, but what his -- what his treating cardiologist thought the risk was for him. And I used this information to try to make a case for Mr. Snookal with the medical team.

Q. Did you have -- did you ever suggest that

Dr. Asekomeh speak with Dr. Khan?

A. No, I did not. I felt that I had enough information. Usually it's pretty complicated to make those connections work, given the time zones.

Q. Okay. So did you suggest that anyone from the host team speak with Dr. Khan?

A. I did not -- I did not have that conversation. Correct.

Q. Okay.

A. I did pass on the information word for word from Dr. Khan to the medical team, though.

Q. Did you speak with Dr. Asekomeh about Mr. Snookal's case?

A. I believe I forwarded him -- the information to Asekomeh and Arenyeka, his boss. And Arenyeka responded with the risk is -- the risk in this location is still too high and, if possible, we'd be very happy to take him in Lagos where we have medical resources. And I'm paraphrasing.

Q. Other than the e-mail exchange that you just described, did you speak with Dr. Asekomeh about Mr. Snookal in real time, like, over the phone or video --

A. I don't recall. I don't recall that.

(Reporter admonishment.)

BY MS. FLECHSIG:

Q. You don't recall speaking with him directly.

A. Correct. I don't recall speaking with him.

Q. Okay. Did you speak with Dr. Arenyeka about Mr. Snookal directly, other than the e-mail that you described?

A. Not about -- not about this case. I -- sorry, I don't recall speaking to him about this case.

Q. Okay. Did you speak with any other doctors in Nigeria about Mr. Snookal's case?

A. I have not.

Q. Okay. And that includes over e-mail. You didn't have any e-mail communications with anyone other than what you described with Dr. Asekomeh and Dr. Arenyeka.

A. Not to my knowledge, no.

Q. Okay. Okay. Other than the e-mail you described -- I know you paraphrased with Dr. Asekomeh and Arenyeka, did you have any other written exchanges with them about Mr. Snookal?

A. No, I don't believe so. It was a simple, this is the information from his provider, the risk doesn't appear high, it appears of low to moderate -- I believe I said risk doesn't appear high, and their response was simply the risk is still too high for us.

approach his cardiologist to talk about why he does -- why -- whether that pertains to him or not. So I would say that 4 or 5 is only my initial start at an appeal to try to acquire more information.

Q. Okay. I'm going to show you another document. I'll mark it as Exhibit C.

(Exhibit C marked for identification.)

BY MS. FLECHSIG:

Q. It's been produced as SNOOKAL-01091. And I think for this one, it's just a one-pager, so I'll screen share. And if you're having issues reading it, please let me know.

A. Yeah, if you could zoom in, please. Okay.

Q. So it looks like it's an August 23rd, 2019, e-mail from Dr. Steven Khan to you, scottlevy@chevron.com with a CC to Mark Snookal?

A. Correct. Yes. I know this e-mail.

Q. Okay. I'll give you a second to look at it.

Okay. So in this e-mail, Dr. Khan cites a 2002 study. Is that the study that you are referring to in terms of how you came up with the 4 to 5 percent figure?

A. Yes. Actually, can you zoom in a little bit more, please?

Q. Yes. Of course. So I'm referring to this --

A. Yes, yes.

Q. That's the study that you were referring to?

A. Correct. Yes.

Q. Okay. Okay. So in this e-mail, Dr. Khan also notes that the studies of risk of rupture are fairly old, 2002, and treatment has improved, as has our understanding of aortic aneurysms.

A. Yes.

Q. So did you compare this 2002 study to more recent research?

A. I did not. I took the word of the expert and his treating provider who knows him better than I can. And I accepted his number as a little bit lower. He says the risk of complications related to thoracic aneurysm is low and likely less than 2 percent, but he -- he says that it's 2 percent, and then the mouse studies are likely -- likely show that he's better than 2 percent.

So that's what I took: 2 percent or lower was his risk. I didn't take zero was the risk. I took 2 percent or lower.

Q. Okay. So basically that was your final thought on the percentage of the risk that you then conveyed to the host team?

A. I conveyed this exact message. I forwarded

EXHIBIT 12-29

way or another with certainty. And so I apologize.

Q. Okay. Slightly different question.

Are you aware of anyone who died in Escravos before being medically evacuated?

A. I'm aware of people in Nigeria who have died -- working for us in Nigeria that have died without -- without warning. So sudden onset, found slumped over, found dead, found not waking up in the morning. So we've had cases like that. The -- yeah.

Q. Do you know where in Nigeria those deaths occurred?

A. So I believe they happened all over Nigeria and all of our operations. But Escravos is a very small location, and I want to be very careful about telling you anything that's not correct here.

Q. Are you aware of anyone who's ever been injured because of a medical evacuation, whether that's the person being evacuated or a personnel who's carrying out the evacuation?

A. No, I'm not aware of anyone that was injured as a result of a medical evacuation in Nigeria at all. So the -- in general, the -- we consider Escravos to be one of the most remote locations in our company, and the medical evaluation to -- for someone to get to Escravos is -- is -- let's just say it has a higher criteria of

Q. Okay.

A. And then the -- obviously, the condition itself will warrant different types of planes based on -- based on the capabilities, whether it needs to be ICU capable, whether it can handle heart attacks, whether it's just a simple transport. All of these things come into play. And then also visas of the -- visas or passports of the individual. Obviously, if we're going to move an individual somewhere, can they get into the host country that we're about to send them to. And the same for the medical team. Can the medical team get into the host country. So there are a lot of factors to play -- that come into play.

Q. Okay. I do want to ask -- I want to ask a question specific to Mr. Snookal.

So was there anything about the actual job that Mr. Snookal would have been performing in Escravos that would increase the risk of an adverse outcome to him?

MR. MUSSIG: Calls for speculation.

THE WITNESS: So I believe that Mr. Snookal was -- his proposed job in Nigeria was an office-based job with just mild to light lifting activities. I don't think it's significant -- I don't think it's of -- sorry, let me start over.

I don't think that his condition would have

been an issue for his proposed role, had it not been for the location.

BY MS. FLECHSIG:

Q. Okay. And in terms of the specific scenarios you were concerned about, it -- again, it was the aortic dissection or an aortic aneurysm; correct?

MR. MUSSIG: Asked and answered.

THE WITNESS: Yes.

BY MS. FLECHSIG:

Q. Were you concerned at all that Mr. Snookal would pose a threat to other people's safety?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: Potentially. And I would say it all -- again, it's so -- these are so complicated. So if -- I'll give you an example. If he were to have an event while he was on location, he would have tied up the medical team for potentially days trying to sort out his issue, if he survived that long during the evacuation. If he were doing something that were deemed safety sensitive -- and I'm not sure he had responsibilities that were -- if he were climbing up a ladder or climbing upstairs and fell over -- potentially a lot of things could have happened, and so it's -- it's not so easy to say.

It all depends on specifically what he was doing on location. And again, I didn't have an issue with the job at all. I don't think any of us had an issue with the specific type of work he was doing. We didn't have an issue -- even when he was declined or turned down for this assignment, still working at the refinery in Richmond, California, was still -- wasn't something that we even considered stopping him from doing because of the risk.

It was simply because of that -- that -- if there -- if that -- if that sort of 2 percent occurred while -- while he was on location, it was something that the team could not manage.

BY MS. FLECHSIG:

Q. Okay. Did you document any concerns that you had about any risk to other people that you thought Mr. Snookal could have?

A. I did not.

Q. Okay. Was it something that you were concerned with at the time in assessing the risk that the host location would tolerate?

A. So I don't think it -- so I don't think it ended up to be relevant in this situation. So -- and the reason being was there was no -- even the risk of 2 percent to himself was enough for them to say -- was

enough for them to say no. So I would say it wasn't even -- the risk to others wasn't even -- let's just say they didn't even have time to come up and -- or, no, it wasn't discussed. Not -- it wasn't discussed for me.

I don't know the discussions that they had inside of the Nigeria Mid Africa business unit, but it wasn't a discussion that I had with the medical teams.

Q. Okay.

A. Or Dr. Khan.

Q. I want to ask -- I'm going to show you another document. I'm up to Exhibit D now.

(Exhibit D marked for identification.)

BY MS. FLECHSIG:

Q. This is -- this has been produced as SNOOKAL-01088 through 01089.

Again, please go ahead and take a look at this. It looks like it's an e-mail from you to Mr. Snookal on September 16th, 2019.

I'm going to see if I can --

A. Can you zoom in, please?

Q. Yeah. Is that -- is that better?

A. Better, yes.

Q. Do you recall writing this e-mail to Mr. Snookal?

A. Can you scroll up to the top of it? Let me just --

Q. Yes.

A. I do. I do.

Q. Absolutely.

A. I know this message, yes.

Q. Okay. So in this e-mail, you send a list of locations where it sounds like you would be okay with Mr. Snookal working as an expatriate on assignment by Chevron; right?

A. So, yes, that's -- so that's what I did say. I said those are the locations that will -- would probably be perfectly fine. And then for the other locations, it's one where we'd specifically need to talk with the local -- I -- it would take additional work to -- to clarify.

Q. Okay. And when you created the list of ones that you did not foresee issues with, how did you come up with those locations?

A. Oh, so we have -- well, those are higher-quality medical infrastructures. And so -- so between the -- where the work locations are and the medical resources around them are a better fit for -- for dealing with an emergency and things like that.

So the -- and I believe we ranked the locations

A. Correct.

MR. MUSSIG: Calls for speculation.

BY MS. FLECHSIG:

Q. In terms of the -- in terms of procedurally, that's how this works; right?

A. Yeah. From what I see here, it looks like he did a physical exam and took the history and then wrote notes, even restrictions, correct. So I would assume -- from reading this, I would assume that this was a -- he did an actual exam on him.

Q. Okay. So ultimately, on the fifth page of this document, SNOOKAL-00609, Dr. Sobel checks, "Fit for duty with restrictions."

You see what I'm referring to; right?

A. Yes.

Q. And the restrictions are, "No heavy lifting greater than 50 pounds, needs review of recommend letter from cardiologist to clear him." Right?

A. Uh-huh, correct.

Q. Okay. So did you review the letter that Mr. Snookal's cardiologist provided?

A. I need to see it again to remember. Sorry.

Q. So -- no problem. I -- I was going to segue us there anyway. So I'll mark as Exhibit E --

MS. FLECHSIG: Is that right?

THE REPORTER: F.

MS. FLECHSIG: Okay. Thank you. Exhibit F, SNOOKAL-01090.

(Exhibit F marked for identification.)

BY MS. FLECHSIG:

Q. This is a letter dated July 29th, 2019, and it's signed by S. Khan, M.D.; correct?

A. Yes, I've seen this before.

Q. Okay. Is that the cardiology clearance letter?

A. It is. It would be, yes.

Q. Okay. So with Mr. Snookal's cardiologist saying that "Mr. Snookal's under my care for his heart condition. It is safe for him to work in Nigeria with his heart condition. His condition is under good control and no special treatments are needed"; ultimately, someone still made the determination that Mr. Snookal was not fit for duty; correct?

A. Correct.

Q. And is it because despite Mr. Snookal's ability to complete the job, Chevron felt it was too great of a risk in the event he had to be evacuated?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: So the issue is -- I'll tell you

definite risk, not a theoretical risk. And then the ability to manage that risk is -- was -- was the basis of their decision. There was -- I would say there's nothing theoretical about that 2 percent.

BY MS. FLECHSIG:

Q. For example, would a pregnant woman be allowed to go to Escravos, Nigeria?

MR. MUSSIG: Calls for speculation. Lacks foundation. Incomplete hypothetical. Vague as to "go to."

THE WITNESS: Yeah, so I would say -- yeah, it's complicated. And what we need to know is how -- what term she was in, whether the expectation would be that we'd allow a delivery on the ground in Escravos for this individual. There are a lot of factors in there.

I would say certain women who are pregnant with high risk, so high-risk babies, IVF, previous complications, known complication of the current pregnancy, those things would be disqualifiers for sure.

BY MS. FLECHSIG:

Q. In terms of health conditions that are not actively impacting someone's ability to do the job, what makes it too high risk for Chevron?

MR. MUSSIG: Calls for speculation. Lacks foundation. Asked and answered.

THE WITNESS: It's not the job. It's the location. So Chevron has a duty of care for their employees. And we need to ensure that the quality of care delivered to our employees who we move around the world are consistent or compatible with what they would have received in their home country.

So I would say it's the duty-of-care question and -- and the assignment. It's the location, not the -- not the job here.

BY MS. FLECHSIG:

Q. To confirm, the location of Escravos, Nigeria, would not impact Mark's aortic aneurysm; correct?

In other words, being in Escravos, Nigeria, would not affect the risk of an adverse event for Mr. Snookal; correct?

A. Not based on --

MR. MUSSIG: Calls for speculation.

THE WITNESS: Not based on his written job desc- -- requirements. However, I would look at the aneurysm as -- with -- with the risk, it's 2 percent and likely to grow -- I'll just say it's 2 percent, and I would consider it more like a ticking -- ticking clock. And it's just -- or a ticking time bomb, and it's just a matter of time until it stops ticking.

And so -- so that's what the -- so the -- his

risk is when -- when he does have an issue with that heart -- and, again, we hope it never happens. It's -- it would be a disaster if it happened in Escravos.

BY MS. FLECHSIG:

Q. Right.

A. Because we can't provide that duty of care to him. We wouldn't have been able to get him to a high-quality tertiary care medical center that could sort this issue.

Q. Right. But what I'm asking is in terms of the likelihood of having an adverse event, it doesn't matter whether Mr. Snookal is in Los Angeles; Texas; Escravos, Nigeria; the risk of the adverse event happening remains the same; correct?

A. Correct. But the outcome would be different based on those locations. The outcome would be different based on his -- the time to get to a high-quality medical center. The -- the -- even across medical centers -- all across the U.S., those that have -- that see more cases per year have better outcomes than those that see less cases per year.

So -- so we're talking about, yes, the problem would happen, and then if he lived in certain locations, he would do better if that problem happened than if he lived in others.

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand Reporter of the State of California, hereby certify that the witness in the foregoing deposition,

SCOTT LEVY, M.D.,

was by me duly sworn to tell the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place therein named; that the testimony of said witness was stenographically reported by me, a disinterested person, and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript review was requested.

I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

DATED: September 12, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

EXHIBIT 12-41

EXHIBIT 12 -C

Subject: Patient MS

From: "Steven H. Khan" <Steven.S.Khan@kp.org>

To: "scottlevy@chevron.com" <scottlevy@chevron.com>

Cc: "mark@maygus.com" <mark@maygus.com>

Fri, 23 Aug 2019 21:35:33 +0000

Hi Dr. Levy,

I received your voicemail about Mr. MS who is a Chevron employee and my patient here at Kaiser.

I understand he is applying for a job in a rural or remote area of Nigeria and I understand the concern about his aortic aneurysm.

I just spoke to Mr. MS and received his permission to email you back. I am also copying him on this email.

Mr. MS's aneurysm is relatively small and considered low risk. His Thoracic aortic aneurysm size is 4.1-4.2 cm on his most recent CT scan.

From the published studies, the risk of rupture or dissection is 2% per year for aneurysms between 4.0 and 4.5 cm (Ann Thor Surg 2002 Vol 73, pg 17-28, figure 3).

Further, the average rate of growth of thoracic aortic aneurysms is 0.1%/year and Mr. MS's aneurysm has not changed between his CTs in May 2016, May 2017, and April 2019.

Since Mr. Snookal's aneurysm has not shown any growth for 3 years, his risk may be lower than the published 2% number above which would be based on "average" growth rates.

Finally, the studies of risk of rupture are fairly old (2002) and treatment has improved as has our understanding of aortic aneurysms.

For example, animal studies have shown a significant benefit from use of Angiotensin Receptor Blockers (ARB) in preventing or even reversing aortic aneurysm growth and Mr MS

Is on an ARB.

In summary, Mr. MS's risk of serious complications related to his thoracic aortic aneurysm is low and likely less than 2% per year.

The risk is primarily related to further enlargement of the aneurysm which can be tracked with an annual CT scan.

If you have any further questions, please feel free to email me or call me.

Best regards,

S. Khan, MD

Clinical Associate Professor, UCLA School of Medicine

Heart Failure and Transplant Cardiology, Kaiser Permanente

EXHIBIT 12 -D

Snookal, Mark

From: Levy, Scott
Sent: Monday, September 16, 2019 4:20 AM
To: Snookal, Mark
Subject: medical

Mark,

I spoke with Andrew Powers who briefed me on your recent discussion with him and let me know that you were waiting on written documentation and perhaps further explanation of your recent MSEA (medical suitability for expat assignment) examination. I'll do my best to explain in writing but also happy to further discuss live.

As you know, foreign assignments (including, Escravos Nigeria) can be in locations where access to critical prescription medications or medical care is extremely limited. For these and other reasons, we conduct an MSEA to confirm that an employee is medically able to work in the new job and location.

I understand that you are willing to take the risk of potentially dying on the job, and that you do not feel it is the company's place to make that decision for you. I agree to a certain extent and recognize your concerns about paternalism. However, the company does have a right to not engage individuals where their assignment could pose a "direct threat" to their own health and safety.

We certainly don't believe that every employee with a health condition poses a direct threat; we need to analyze the condition and the attributes of the job. When there are ways of ameliorating the risks (including reasonable accommodations) we work with the individual to do so. I became involved on your case when you had requested a second opinion on the initial denial and with your consent involved your treating physician to better understand your specific risk. While reasonable professionals can debate the exact percentage, we are dealing with an established risk that is several magnitudes higher than the baseline and is a realistic possibility. We respectfully disagree that this finding (regardless of the exact percentage) is based on stereotypes, as distinguished from objective medical evidence. But the risk itself is not determinative. The concern is that if the condition were to occur, the outcome would be catastrophic and would require an immediate emergency response which is not available and would most certainly result in death in Escravos. There is no medical capability to manage this type of emergency in Escravos or anywhere near Escravos. It is also clear that the duration of your condition is not limited and is continually present, and the occurrence is not predictable and it's not possible to isolate triggers to reduce the risk.

We have no problems with you working in El Segundo and believe there are many other foreign locations where you could work. We in fact discussed whether you could perform this particular job at a different location in Lagos, but it wasn't possible.

In response to your question, I would not foresee issues with you working in the following locations:

Americas: US onshore operations, San Ramon, Houston, Calgary, Vancouver, St. John, Argentina (Buenos Aires); Colombia (Bogota); Brazil (Rio de Janeiro), Trinidad (Port of Spain)

Asia Pacific: Singapore, Australia (Perth based), Hong Kong, New Zealand, Thailand (Bangkok, Rayong, Sirai Chi); South Korea (Seoul, Ulsan, Geoje), Philippines (Manila), China (Beijing, Shanghai), Japan Metropolitan; Malaysia (Kuala Lumpur); Pakistan Metropolitan

EEMEA: UK (all locations), Belgium (all locations), Denmark (all locations), France (all locations), Italy (all locations), Netherlands (all locations), United Arab Emirates (all locations), Norway (all locations), Germany (all locations), Sweden (all locations), South Africa (all locations), Bahrain (all locations), Qatar (all locations), Kuwait (all locations), Turkey (all locations), Poland (all locations), Saudi Arabia (all locations), Nigeria (Lagos), Russia (Moscow)

I'd need to do a more specific assessment for:

Americas: US offshore operations (Deepwater), Colombia (Riohacha); Argentina- Nuquen, Colombia –Rio Hacha, Guatemala, Panama, Mexico, Brazil Offshore, Kitimat (Canada)

AP: Australia (Barrow Island, Onslow, Dampier, Karratha, Thevenard Island & Wheatstone offshore); Bangladesh (Dhaka); China (Chengdu, Tianjin, Tanggu); Indonesia (Jakarta, Sumatra, Balikpapan); Malaysia (Lumut); Thailand (Songkla, Nakorn Srithammarat - NST, Offshore); Vietnam; India

EEMEA: Angola (Luanda); Nigeria (Lekki, Abuja), Azerbaijan (all locations), Ukraine (all locations), Romania (all locations), Rep. of Congo (Pointe Noire), Morocco (all locations), Egypt (all locations), Russia (outside Moscow).

I'd be quite concerned about other locations. As I mentioned above, I'd be more than happy to discuss this with you further.

Scott

Scott Levy
Regional Medical Manager, Europe, Eurasia, Middle East & Africa
TR & HM COE

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Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

Important Message from the Global Privacy Team

Remember that when it comes to sharing personal data, **less is more**. Do not share more information than is being requested from you. Share information securely and follow company policy by **encrypting**emails and attachments that contain **sensitive personal data**. Before clicking "send" on an email,**double-check** that the email is addressed to the people you actually want it to go to! Do not forward emails containing detailed information about a patient's health or wellbeing when a summary would suffice. Wherever possible, anonymize personal data by removing patient names and other individual identifiers. Finally, don't hesitate to contact the Global Privacy Team if you have any questions:privacy@chevron.com

EXHIBIT 12 -E

Chevron

Medical Suitability for Expatriate Assignment History & Physical Examination

GO-146-MSEA

Mark Snookal
CAI - MVZM

07-24-15

RECEIVED
JUL 24 2015

Initial
Nigeria

Note to Examinee and Examiner: In the US, the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information for any U.S. based employees (whether within the U.S. or outside the U.S. on assignment) when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Local or Host Country legal requirements may also apply.

Part A. Examinee: Please complete Parts A through F prior to exam.

F.I.	M.I	Last Name	First Name	CAI	Gender
		Mark Snookal		MVZM	M

Current Job Title	New Job Title*	Current Company/BU/OpCo	Next * Company/BU/OpCo	Current Location	Next * Location
IEA Reliability Team Lead	Reliability Engineering Manager	ESE	NMASBU	El Segundo CA USA	Escravos, Nigeria

*If Applicable

Part B. Your country of assignment may or may not have full medical resources to support your health needs. Please answer the following questions as accurately as possible and check 'N' (no) or 'Y' (yes) in the column. Answers with Yes, please provide more information in the description boxes. This information is used to promote your safety and ensure your health needs can be met.

(If need, please use back page):		N	Y	Description
1.	Do you have any medical, physical or psychological conditions under the care of a health professional? If yes, please describe.	☐	☒	I have a dilated aortic root. I am under the care of a cardiologist and see him once per year for a checkup. I have consulted with him on this assignment and he sees no issues with it.
2.	(a) Are you taking any medicines that require a prescription? If yes, please list.	☐	☒	Losartan and Amlodipine
	(b) Are you taking any non-prescription medicines on a frequent basis? If yes, please list.	☒	☐	
3.	(a) Do you have any allergies?	☒	☐	
	(b) Have you ever had severe allergic reactions? If yes, do you know what caused it?	☒	☐	
4.	Do you exercise for at least 30 minutes 3 times a week, on average?	☐	☒	
5.	(a) Do you feel unusual fatigue or sleepiness?	☒	☐	
	(b) Do you have any problems sleeping?	☒	☐	
	(c) Do you use sleeping aids, including medication?	☒	☐	
6.	Have you ever experienced health problems working in extreme weather conditions?	☒	☐	
7.	Have you experienced unexplained weight loss or gain?	☒	☐	
8.	(a) Do you smoke? If yes, what and how much each day?	☒	☐	
	(b) Did you smoke regularly for more than 1 year ever in your past?	☒	☐	
9.	Do you drink alcoholic beverages? If yes, what is your average weekly intake?	☒	☐	
10.	Have you ever required a medical evacuation from a work location? If yes, what was the reason?	☒	☐	

EXHIBIT E
Scott Levy, M.D.
8/30/2024
Rachel N. Barkume, CSR, RMR, CRR

GO-146 - MSEA (6-18)
Word Electronic Version

SNOOKAL-00605

EXHIBIT 12-E-1

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

11.	Have you ever had any mental health or psychological issues requiring at least a medical prescription? If yes, please describe	☐	☒	I was treated for depression with Effexor for a few years from approximately 1994-1996
12.	Have you been in the emergency room and or hospitalized within the last six months?	☒	☐	
13.	Have you undergone any surgical procedure or operations within the last six months?	☒	☐	
14.	Did you have a physical (periodic, preventive) exam within the past two years?	☐	☒	
15.	Would you need health/medical resources for any disabling or special condition in the country of assignment?	☒	☐	
16.	Would you like to schedule a discussion with a Chevron Physician or Regional Medical Manager to discuss further a health condition or learn more about the host country medical resources?	☒	☐	
17.	Does your new position require you to work or travel Offshore, in Field/Plant or Strictly Office? Please advise if you need additional certifications for your new position (e.g. HUET/BOSIET, Oil and Gas U.K.)	☐	☐	My position is strictly office

Part C. Please answer the following questions and check 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe.

Have you had any illness or condition related to the following body parts or systems? (minor conditions do not need to be mentioned):		N	Y	Description
18.	Head and Neck	☒	☐	
19.	Eyes or Visual	☒	☐	
20.	Ear, Nose and Throat	☒	☐	
21.	Teeth (a) When was your last exam? (b) Is there any dental work pending? Please describe	 ☐ ☒	 ☐ ☐	 11/2017
22.	(a) Chest such as shortness of breath, chronic cough. (b) Breasts	☒ ☒	☐ ☐	
23.	Heart such as chest pain, palpitations or irregular beating	☐	☒	I have PVC's which have been evaluated by a cardiologist and do not require any treatment
24.	Abdomen such as pain, hernias, abnormal bowel movement	☐	☒	I had my gallbladder removed in 2014
25.	Kidney, bladder or genital area	☒	☐	
26.	Spine and Musculo-skeletal, movement limitations or pain	☒	☐	
27.	Skin changes such as rash, spots, moles or itching	☒	☐	
28.	Epileptic seizures, dizzy spells or migraine	☒	☐	
29.	Diabetes or increase in blood sugar	☒	☐	
30.	Anemia or other blood conditions	☒	☐	
31.	Tuberculosis (TB) or positive TB test, skin or blood (e.g. TB spot, IGRA/ *Quantiferon®*)	☒	☐	
32.	Any other health problems (Please use space below. If need, use back page)	☒	☐	

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

Part D. Exposure History (Employee Only)

Have you ever been exposed at work to dusts, solvents, other chemicals or any other known workplace hazards, e.g. biological agents?

☒ Yes ☐ No

If YES, please list agents with dates and for how long:

I have worked in industrial and petrochemical locations from 1990 present

Have you ever been exposed in the workplace to:

☒ Noise ☐ Radiation/X-ray Equipment ☐ Vibrating Hand Tools ☐ Repetitive Movement ☐ Weight Lifting ☐ Other

If you checked one of the boxes above, please specify for how long, and whether Personal Protective Equipment (PPE) was used:

In my work in industrial and petrochemical locations from 1990 present I have been exposed to noise but have always used PPE

Part E. Occupational History (Employee Only)

Have you ever been part of a medical (health) surveillance program through your work due to exposure to workplace hazards? e.g. Part of a hearing conservation program due to exposure to workplace noise.

☒ Yes ☐ No

If YES, please list with dates:

I am currently in a hearing conservation program in my employment with Chevron El Segundo

Part F. Family History

To comply with the US Genetic Information Nondiscrimination Act of 2008, this part should NOT be completed for any US based employees (whether in the U.S. or outside the U.S. on assignment). Any information inadvertently provided for a US employee in this section should be redacted if the form is to be sent to the US for filing in the employee's medical record. Local related legislation may be also applicable.

Are there any medical conditions within your family relevant to be mentioned?

Physician Comments:

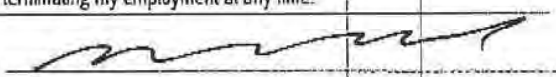
Have you ever been employed with Chevron or examined for employment by Chevron?

☐ No ☒ Yes If yes, when At hiring at Chevron El Segundo in 2009

EXAMINEE:

I certify that the information given by me is true and I authorize the examiner to furnish the results of this examination and other related medical investigation results to either the Chevron Regional Medical Managers or the Chevron Global Health and Medical facility. I acknowledge and agree that the results of this medical evaluation are managed by Chevron in a secure and confidential data system that will store and may transmit information to countries other than where the medical examination takes place, including but not limited to the U.S.

FOR APPLICANT ONLY: I understand that any misrepresentation, false statement or omission herein may result in the company rejecting my application, withdrawing any offer of employment, or terminating my employment at any time.

Examinee Signature  Date (mm/dd/yyyy) 7/18/2019

SNOOKAL-00607

EXHIBIT 12-E-3

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

Part G. PHYSICAL EXAMINATION. To be completed by Health Care Provider.

Vital Signs

HEIGHT ft/cm	WEIGHT lb/kg	BMI	Abdominal Circumference in/cm	B.P. (mmHg)	PULSE	Temperature (°C/°F)
72"	256lbs	34.7		135/78	53	97.5

Vision

	Uncorrected			Corrected			Depth	Tonometry	Color Vision	Visual Fields
	Both	Right	Left	Both	Right	Left				
Far	20/ 6/	20/ 6/	20/ 6/	20/ 16 6/	20/ 10 6/	20/ 16 6/			Normal	
Near	J#	J#	J#	J# 1	J# 1	J# 1				

N	A	N = Normal. A = Abnormal, please describe	DESCRIPTION
☑	☐	1. General Appearance	
☑	☐	2. Head	
☑	☐	3. Ear, Nose Mouth and Throat	
☑	☐	4. Neck	
☑	☐	5. Eyes	
☑	☐	6. Chest	
☑	☐	7. Breasts	
☑	☐	8. Respiratory System	
☐	☐	9. Cardiovascular System	occas ectopics (PVC's)
☑	☐	10. Abdomen, Viscera/Hernias	
☑	☐	11. Genito-urinary	
☑	☐	12. Lower GI Tract	
☑	☐	13. Extremities	
☑	☐	14. Spine and Musculo-skeletal, Range of Motion.	
☑	☐	15. Skin and Lymphatic System	
☑	☐	16. Central Nervous System	
☑	☐	17. Peripheral Nervous System Reflexes	
☐	☐	18. Others, please specify	

SNOOKAL-00608

EXHIBIT 12-E-4

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

LABORATORY AND SPECIAL TESTS

N	A	Not Done	AS INDICATED	RESULTS. N = Normal. A = Abnormal, please describe
☐	☐	☑	Audiogram	
☐	☐	☑	Chest X Ray	
☑	☐	☐	Complete Blood Count	
☐	☐	☑	Drug Screening	
☐	☑	☐	ECG	
☐	☐	☑	Pulmonary Function	
☑	☐	☐	Serum Profile/Chemistries	
☐	☐	☑	Stress Test	
☑	☐	☐	Urinalysis	
☐	☐	☐	Others, please specify	

REMARKS: Describe significant / abnormal findings/limitations noted above (if need, please use back page)

(1) PVC's - frequent asymptomatic followed by cardiology
(2) Dilated aortic root followed by cardiology
ongoing studies yearly Echo vs CT chest
Stable on meds

If any abnormalities were found during the examination, was examinee informed? ☑ Yes ☐ No

Part H: MEDICAL RECOMMENDATION

H.1. Fitness for Duty Classification, ONLY FOR INTERNAL CHEVRON USE

- ☐ A. Fit for Duty
- ☒ B. Fit for Duty with Restrictions
- ☐ C. Not Fit for Duty
- ☐ D. Failed to comply with requested evaluations, due to:

H.2. Restrictions pertinent to Job Requirements (refer to GO-308)

No heavy lifting >50lbs
needs review of
Recommend letter from
cardiologist to clear him

Examiner's Name (please print): IRVING SOBEL MD
Signature: [signature]
Date (mm/dd/yyyy): 07/24/2015
USA Chevron Provider Number: 111408

Address: 4676 ADMIRALTY WAY 4th FLOOR MDR CA 90292
Street / City / State / Province / Postal / Zip Code / Country

Chevron Global Health & Medical Approval (please print name)
Signature
Date (mm/dd/yyyy)

GO-146 - MSEA (6-18)
Word Electronic Version

SNOOKAL-00609

EXHIBIT 12-E-5

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

PLEASE ATTACH COPIES OF IMPORTANT REPORTS OF CURRENT INTEREST.
If available, Form GO-308 (Physical Requirements and Working Conditions) must be included.

STATE OF CALIFORNIA)
) SS.
COUNTY OF VENTURA)

I, John M. Taxter, a California Certified Shorthand Reporter, Certificate No. 3579, a Registered Professional Reporter, do hereby certify:

That the foregoing proceedings were taken before me at the time and place therein set forth, at which time the deponent was put under oath by me; that the testimony of the deponent and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed; that the foregoing is a true and correct transcript of my shorthand notes so taken.

I further certify that I am neither counsel for nor related to any party to said action.

The dismantling, unsealing, or unbinding of the original transcript will render the Reporter's Certificate null and void.

Pursuant to Federal Rule 30(e), transcript review was requested.

Dated May 22, 2024.

JOHN M. TAXTER
California Certified Shorthand Reporter No. 3579, RPR

EXHIBIT 16-53